DOCUMENT RESUME

ED 230 686 CE 035 970

AUTHOR	Gulledge, Earl N.
TITLE	Health Education Consortium. Articulated Nursing Education Program. Final Report from January 1, 1980 to June 30, 1981.
INSTITUTION	Okaloosa-Walton Junior Coll., Niceville, Fla.
SPONS AGENCY	Florida State Dept. of Education, Tallahassee. Div. of Vocational Education.
PUB DATE	30 Jun 81
NOTE	153p.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Acceleration (Education); *Articulation (Education); *Curriculum Development; *Educational Cooperation; Educational Objectives; Guidelines; *Nursing Education; Pilot Projects; Postsecondary Education; Program Descriptions; Program Development; Program Effectiveness; Program Implementation; State Programs
IDENTIFIERS	*Florida; *Health Education Consortium; Pensacola Junior College FL

ABSTRACT

A project entitled the Health Education Consortium was initiated to develop an articulated nursing educational route that would meet the educational needs of all types of nursing personnel from nurses aides through and including nurses with master of science degrees. Included among the major activities of the project were the following: establishment of a consortium center at Okaloosa-Walton Junior College to house a consortium to which representatives of each vocational center, community and junior college, and university in Florida's Region I district were invited; formation of an advisory committee comprised of health occupations educators and industry representatives; research on the state of the art; visits of operational models; and development of an operational plan patterned after a similar consortium in California. Because of its readiness to start its own licensed practical nurse (LPN) and associate degree nurse (ADN) articulation program, Pensacola Junior College was chosen as the consortium pilot program. To date, combined philosophies for the LPN and ADN programs have been formulated, and curriculum revision has been started. While future plans for the continuation of the consortium's articulation project depend upon securing adequate private sector funding, it is anticipated that the other institutions of Region I will follow suit according to a timetable formulated by members of the consortium. (MN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED230686

Final Report

Project No. DVE 0-1C11

From January 1, 1980 to June 30, 1981

Health Education Consortium
Articulated Nursing Education Program

DVE Region I
Administered by
Okaloosa-Walton Junior College
100 College Boulevard
Niceville, Florida 32578

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

Dr. Earl N. Gulledge
Project Director

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D McQuat

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The project reported herein was conducted pursuant to a grant from the Division of Vocational Education, Florida Department of Education. Contractors undertaking such projects are encouraged to express freely their professional judgments in the conduct of the project. Points of view or opinions stated do not, therefore, necessarily represent the official position or policy of the Florida Department of Education.

CE 035 970

Table of Contents

Preface ii

Abstract iii

Introduction 1

Problem Statement 1
Background and History of the Consortium 3
Objectives 10

Methodology 11

Conclusions and Recommendations 16

Appendices . . . .

A. Advisory Committee 17
B. Minutes of Region I Health Occupation Education Consortium 19
C. Members of Interim Administrative Committee 27
D. Minutes of Interim Administrative Committee 29
E. Coordinator's Log 48
F. Workshops 59
G. Faculty Inventory 70
H. Consultant Report 76
I. Pensacola Junior College Report 94

Preface

This report relates to the development of an articulation program in nursing education for Florida's Vocational Education Region One. The program was initiated with the support of all institutions with nursing programs in the Region.

It was decided early in the project that a pilot program for all levels, Nursing Assistant through Baccalaureate of Nursing, could not be developed or even done justice to in one year. Therefore emphasis was directed towards the development of a pilot articulation program from LPN-ADN. Pensacola Junior College served as the site for the pilot program.

Appreciation is expressed to Dr. Jack Young, Ms. Betty Allen, Ms. Lola Jones, Ms. Margaret McCurdy, Ms. Joan McGovern, and the entire nursing staff of Pensacola Junior College for their work in the pilot program; and to Ms. Meegan Page who served as assistant to the project from April to December 1980.

Abstract

The Florida Region I Health Education Consortium was conceived and developed in response to the growing need for nurses in all aspects of the health care delivery system. Due to fiscal restraints it appeared impossible to increase the number of nursing schools so an altenative approach was sought -that of developing a means whereby nursing personnel could advance to a higher level of nursing practice without the many delays and increased expense that they were previously forced to face. This proposal involves maximum access to the nursing educational system through a free-flowing curriculum designed at each level to "pick up" where the previous level has stopped.

Though still in the curriculum planning phases, PJC was chosen as the pilot program for the Region's articulation project, due to its readiness to start its own LPN-ADN articulation program. Combined philosophies for its LPN and ADN programs have been formulated and at present, curriculum revision has been started. It is anticipated that the other institutions of Region I will follow suit according to a time-table formulated and agreed upon by members of the Consortium. This project, when completed, has the potential not only to meet the demand for nursing personnel and increasing health care standards, but also to give opportunities to individuals who wish to continue their educational growth but have been unable to do so because of the many barriers they have encountered in the pursuit of more advanced study.

Future plans for the continuation of the Consortium's articulation project depend upon securing adequate private sector funding. The proposal for funding has been submitted with the encouragement of the source.

Introduction

Problem Statement

Florida is faced with a rapidly growing population which is expected to increase by 34.7 per cent in the next decade (U.S. News and World Report - Oct. 15, 1979).' During the next two years, Florida will become the fourth largest state and will have a median citizen age of over 40. The health care needs in Florida differ significantly from most other states because of the large population of senior citizens and tourists. The rapid growth of Florida, coupled with the increasing large number of older individuals, is creating a critical need for skilled nurses.

The problem is particularly acute in northwest Florida, a region of rural communities with a few medium-sized cities. Hospitals in this so-called Florida Panhandle area have great difficulty in employing and keeping registered nurses.

According to a nursing manpower study (Florida Panhandle Health Systems Plan, December 14, 1979, the current supply of nurses plus the anticipated increase in graduates will not meet the minimum needs of Region I for 1984. The projected supply for 1984 is 1,770, while the projected minimum need for that year is 2,945. The projected maximum need for 1984 is 3,895, according to this federally-funded agency. If moderate changes occur, such as: 1) expansion of the nursing role, 2) implementation of National Health Insurance, or 3) reduction in size of training programs due to escalating educational costs and decreasing nurse training resources, the nurse shortage will be even greater than indicated by these figures.

A principal restraint to developing a sufficient nurse supply in northwest Florida is a lack of articulation among existing programs. The eleven institutions participating in the Region I consortium administer the following programs:

Three Associate Degree in Nursing (ADN) programs in community colleges.
1. Gulf Coast Community College
2. Pensacola Junior College
3. Tallahassee Community College

Two Licensed Practical Nurse (LPN) programs in community colleges.
1. Chipola Junior College
2. Pensacola Junior College

Four LPN programs in vocational centers.
1. George Stone Vocational Center
2. Haney Vocational Technical Center
3. Lively Vocational Center
4. Washington-Holmes Area Vocational Center

Two state universities operating generic (four-year) Bachelor of Science Degree (BSN) programs.

1. Florida Agricultural and Mechanical University
2. Florida State University

One upper-level state university operating a two-year BSN degree program to which only registered nurses are admitted.

1. University of West Florida

Significant to the articulation problem is the fact that all of these programs accept and graduate a substantial number of persons who have had previous experience in nursing and other health occupations. For example, the ADN program at Pensacola Junior College admitted five nurse aides (NAs), 27 LPNs, four paramedics and seven corps persons in 1980. The number of persons from these groups who express interest in this program is steadily growing.

One-half of the persons entering the LPN program at Chipola Junior College are employed at Florida State Hospital for the mentally ill at nearby Chattahoochee. The hospital offers educational leave with pay to employees who wish to become either LPNs or RNs. The employees have grass-roots ties to the community and are likely to remain employed there.

An urgent need for ADNs has been expressed by local hospitals. Baptist Hospital in Pensacola has established a scholarship program for LPNs who wish to study for an Associate Degree.

The two universitities which admit registered nurses to bachelor of science programs report overwhelming interest. This is true of Florida State University in Tallahassee, and the University of West Florida in Pensacola reports 350 inquiries per year. However, students find themselves repeating educational processes regardless of whether the program is LPN, ADN, or BSN.

And closely related to the articulation problem is that of preparing the socially, educationally and financially disadvantaged for careers in nursing. Already the four-year Florida A and M University in Tallahassee is doing an outstanding job working with these students in their nursing school. However, these concepts need to be shared by other institutions in the region. Two community colleges and one vo-tech center already have on-going activities in the area of remediation, but there is a great need for coordination so that these concepts might be made available throughout the region.

Background and History of the Consortium

Florida began to develop ADN programs as conceived by Mildred Montag, Columbia University, in the 1960's. Gradually hospital programs have been discontinued in Florida until now only one remains, Jackson Memorial Hospital in Miami. There are now twenty-five ADN programs in Community/Junior Colleges, thirty-eight LPN programs in Vocational Technical Schools and Community/Junior Colleges, and seven BSN programs in the State University System over five regions as designated by the DOE.

The Florida Department of Education became particularly concerned about the lack of articulation in nursing in 1977. In June of that year, the State University System's Nursing Program Review was conducted by Dr. Margaret Tyson, Hunter College, Dr. Anna Cole, Howard University, and Dr. Patricia Haase, Southern Regional Education Board (SREB). In the document resulting from this review the following statement was made:

> "Primary among recommendations for nursing manpower is its continued study at the Health Systems Agency level as well as by type of academic degree. For this, the largest of all health professions, aggregate projections are only a starting point for proper health direction of rural health clinics and nurse practitioners, enrollments in four-year college programs may need to be increased. This four-year degree is also needed to supply the state with teachers for community colleges and nursing directors for institutions.
>
> In 1977, therefore, it is no longer meaningful to consider an aggregate number of R.N.'a as a measure of need for nurses in 1980-90. Statewide planning is required to insure the proper mix (levels and kinds) of nursing needed, differentiating them by function in a health care delivery system that continues to show several gaps."

It should be noted here that the Region I Consortium followed this recommendation in its attempt to provide for an effective and efficient transition within the formal educational setting from one nursing level to the next.

Another statement from the 1977 report refers to Florida State University's RN program:

> "Florida State University has developed a 'curriculum of attainments' for RN students and this program shows promise of becoming to Florida what the New York Regents Degree is to New York. The RN student enrolls at FSU and is given a set of terminal behaviors, a mentor, and a set of learning packages. She proceeds at her own pace until she feels ready for testing. The student is then evaluated by a jury of faculty, first in the live clinical situation and then in a simulated situation. With additional faculty experience and curriculum development this 'curriculum of attainments' program may be exported to other campuses of the University System. The plan at this time needs additional work and training for the evaluators of the clinical performance, but in time Florida may have its own competency-based degree program."

Further development of Florida State University's curriculum of attainments was one of the goals of the consortium. Also, Florida State University is the school in North Florida which could best accommodate a Masters in Nursing since it has a well-established NLN accredited generic program.

Another recommendation from this review group called for "the creation of a committee under the Commissioner of Education to study the need of types and levels of nurses in Florida." This recommendation was endorsed by the Board of Regents of the Florida DOE.

In September, 1978, the Commissioner of Education, Ralph Turlington, organized a Nursing Education Study/Advisory Group to respond to issues and concerns raised by nursing educators, nursing students, and other persons associated with the health-related professions. This group was charged with making recommendations to his office concerning the following issues:

A. Articulation - Identify education curricular barriers which hinder Florida's nurses in their career development.

B. Competencies - Permit nursing education to be responsive to real world competency needs and changes.

C. Communications - Provide for a forum to produce single recommendations from a group of varied agencies involved with the conduct, manpower needs and use of Florida's nursing education efforts.

The Study/Advisory Group adopted two resolutions as follows:

"Be it resolved that the Commissioner of Education's Nursing Study/Advisory Group:

1) Agrees that Florida's Nursing Education programs should be considered a professional development system which facilitates the access to and choice of formal education in nursing.

2) Believes that Student/Practitioners (LPN, ADN, BSN, Diploma and Graduate) will be permitted the opportunity to enter and to move through this system in a way that ensures recognititon of the competencies which they bring from previous education and experience."

9

In an address to the Study/Advisory Group on January 19, 1979, Dr. Jerome P. Lysaught said, "There are solutions. The first step is to accept philosophically the ideal that there can be access, there can be movement, there can be articulation, and beyond that the mechanisms can be worked out. But the first thing is philosophic commitment and that I am afraid in many cases is the sticky point, that people begin to work on things, statements, behavioral outcomes and so forth without having first made the philosophic commitment. When the commitment is made, to arrive at the actual system is not very difficult."

The organizers of the Region I consortium agreed with Dr. Lysaught. From the beginning, the support of administrators and faculty has been cultivated in this endeavor. A surprising change in attitudes has already developed among the faculties of the various institutions.

In discussions by the Study/Advisory Group on how Florida could best implement their resolutions, the subject of regional activity arose. A state-wide artuculation agreement would be difficult at this time, since the Florida Department of Education has not endorsed a statewide curriculum in nursing. For that reason, any articulation would need to be on a voluntary basis and would be more feasible on a regional level.

It was brought to the attention of the group that the Region I Consortium was in operation and had applied to the Vocational Division for seed money.

On November 9, 1970, the Study/Advisory Group decided to endorse the Region I Consortium and to direct a letter to Mr. Joe Mills, Director Division of Vocational Education, in support of an application for funding. In a subsequent report, the Study/Advisory Group recommended that the other four Florida regions follow suit in developing consortia. They felt that these consortia would become the vehicles for implementing the original charge from Commissioner Turlington.

The Florida Panhandle Health Systems Plan of December 14, 1979 states eight "Policy Guides," the following six were pertinent to the Region I Health Occupation Education Consortium.

1. The size of education programs should be increased.

2. The Region's largest baccalaureate level nurse training program at Florida State University should add a Master's level program designed to serve the unique needs of both Florida and the Panhandle.

3. There should be a liaison between A.S. and B.S. training programs and health care institutions to assure appropriate skills development.

4. Continuing nursing education programs for advanced degrees should be made available for currently working nurses (e.g., classes available during evening hours.

5. Innovative nurse education programs (more flexible scheduling and training) to meet the needs of the students should be developed to include career ladder provisions beginning with LPNs and work privileges for nursing students.

6. Nursing classes should be offered at places which are near to facilities where nurses can be used.

Northwest Florida for the most part is composed of rural communities with a few medium size cities. Hospitals in most rural areas have great difficulty in employing and retaining Registered Nurses (RNs). The consortium members believe that if the potential nursing students are educated in close proximity to their homes, they will be more likely to remain in that area after graduation. The Florida Panhandle Health Systems Plan assumes a 90 percent retention rate for those RNs trained at the junior/community colleges in Region I. According to the instructors of the programs, the Licensed Practical Nurses (LPNs) who have been trained in seven locations in North Florida tend to remain in those communities to practice nursing. Therefore LPN's given the opportunity of advancing to the RN level, should tend to practice nursing in their native communities.

Hospitals in the larger communities have expressed the desire to fill supervisory positions with Bachelor of Science in Nursing (BSN) graduates, but at this point are unable to employ a sufficient number of individuals with this qualification. Hospitals in small communities find it difficult to employ enough Associate Degree in Nursing (ADN) and diploma graduates to staff all nursing positions. It is even more difficult to recruit and retain BSN graduates in these small communities.

Time and fiscal restraints will not permit an increase in nursing programs even if there was agreement to this alternative. One alternative, however, does appear to have the potential for yielding increased numbers of nurses and could be accomplished within the present educational system. This solution is based on the concept of the elimination of barriers to upward mobility between the educational levels of nursing programs among vocational centers, community/junior colleges, and universities. The consortium members believe that accessible nursing education mobility in North Florida would contribute to the solution of many health care needs in this region.

In an article from Nursing Outlook, May, 1976, (Vol. 24, No. 5), Joan Cobin, Wilma Traber and Bonnie Bulloch wrote "it is possible to advance from being a nurse's aide to holding a master's degree in nursing without significant loss of time and dignity." We (the Consortium) would like to add: The learner should be able to move from one level of nursing to the next without loss of personal effort and/or finances.

In an attempt to move in a positive manner toward a solution of this problem, a group of educators in Northwest Florida organized the Region I Health Occupation Education Consortium. This consortium of vocational /technical schools, community/junior colleges and universities grew out of an informal organization of community/junior college deans.

In October, 1977, Dr. Earl N. Gulledge, Dean of the College, Okaloosa-Walton Junior College, arranged the first meeting of deans responsible for health occupations education in Region I. Meetings were held quarterly or more often to discuss problems related to health occupations. A recurring problem discussed from the beginning was a lack of articulation between the various levels of health occupation education programs, particularly nursing. In the Spring of 1979, the group began formulating plans for a Consortium to develop a program for articulation.

The concern for the future of health care in Florida inspired this group to enlist the support of all institutions in Region I to cooperate in the establishment of a consortium to promote articulation in health occupations. It was decided that nursing represented the largest number of health care workers and demonstrated the most immediate need for articulation.

The seed of a consortium had been planted. Personal contact was made with administrators and nursing faculty from the twelve institutions in the region which operate nursing programs at the LPN level or above. Okaloosa-Walton Junior College was asked to provide a consortium center for the following reasons:

1. The college has allied health programs, but no nursing program. It was felt that while the personnel are very interested in the nursing issues they could remain impartial.

2. The administration is supportive of any activities that will promote articulation of health occupation education.

3. Okaloosa-Walton Junior College's Chautauqua Neighborhood Center located in DeFuniak Springs, Florida where it was proposed that the Consortium be housed, is central to Region I, and had office space available for the Consortium.

On behalf of the Region I Health Occupation Education Consortium; Okaloosa-Walton Junior College submitted a proposal to the Florida Department of Education, Division of Vocational Education, entitled, "Develop a Process Providing Articulation of Student Performance Within Selected Competency-based Education Areas."

This request was explained to the Florida Commissioner of Education's Nursing Education Study/Advisory Group at their November 9, 1979, meeting. At the conclusion of this meeting the group adopted a statement of endorsement for the Region I Health Education Occupations Consortium.

Upon the endorsement and the Commissioner's recommendations, the consortium was funded for $50,000.

As a result of a November 28, 1979, meeting and former informal meetings, administrators from each of the twelve institutions wrote letters in support of the Region I Health Occupations Consortium. Each institution appointed one representative to the Consortium's Advisory Committee. On June 5, 1980, this group appointed an Interim Administrative Committee to deal with immediate details.

On July 24, 1980 the Interim Administrative Committee agreed to employ Dr. Jean Kentgen-Andrews as a consultant to the Consortium pilot ADN/LPN project at Pensacola Junior College from August 25 - September 19, 1980. Dr. Andrews is the project director of the Agassiz Region Nursing Education Consortium, Grand Forks, North Dakota.

The administrators have communicated to their faculties that articulation in nursing is an important issue which the institutions expect to support. At this writing, there is a optimistic feeling that the necessary philosophic commitment has been achieved and movement is being made towards articulated nursing programs.

An example of the commitment to an articulated nursing education plan is the pilot program developed at Pensacola Junior College during 1980-81. Pensacola Junior College, with some financial assistance from the Region I Health Education Consortium, designated two faculty members to be given release from their teaching duties to work on an articulated LPN-ADN program. The Region I Health Education Consortium provided funds to the Region I LPN and ADN programs to provide token support for faculty release time and travel funds so that all LPN and ADN faculties in the Region could participate in this pilot program. See Appendix I for a report of this project.

The final goal or plan of the Region I Health Occupations Education Consortium is the development and implementation of an articulation agreement involving five levels of nursing education:

1. Nurse's Aide
2. Licensed Practical Nurse
3. Associate Degree Nurse
4. Bacculaureate Degree Nursing
5. Masters of Science in Nursing

Consortium members believe that an articulated route in nursing education (Nurse's aide to Master's degree) is essential in North-West Florida to provide for educational mobility. This route should allow each institution to maintain its own unique qualities.

Educational mobility would tend to be cost effective for these reasons:

1. Attrition rates would be reduced.
2. Ambitious persons would not be reeducated at each level.
3. Improved counseling of pre-nursing students would encourage young students to select the most appropriate path based on abilities and goals.

It is expected that the attrition rate in nursing programs would decline if candidates for these programs had already gained working experience or lower level training, thus providing them with a realistic view of the profession of nursing.

Objectives

In order to solve the articulation problem, the Consortium set forth the following objectives.

General Objectives

To develop an articulated route, from NA through MSN, through curriculum development and/or accelerated programs by means of a cooperative effort involving faculties of Region I nursing programs.

Enabling Objectives

1. To develop and implement a counseling system which assists the individual to initially select the nursing program most appropriate for his/her professional/occupational/personal needs as well as to apprise the individual of transfer opportunities into other programs.
2. To develop and implement ways in which the working nurses and students in Region I could transfer into or between educational levels with a minimal time loss due to lack of coordination of requirements.
3. To develop and implement ways in which students who fail to graduate from nursing programs might transfer to lower level programs without being required to repeat courses.
4. To develop more flexible scheduling for learning activities for the student who is unable to pursue study on a full-time basis.
5. To coordinate existing efforts and develop needed methodologies to aid the educationally and socially disadvantaged student in nursing program.

Methodology

The start of the development of the Florida Region I Health Education Consortium's articulation program involved a multi-methods approach. The methods used for the initiation of the project methods are explained in the following statements.

I. Employment of Coordinator or assistant to the Project.

II. Site visits were conducted by the assistant to the Consortium to all regional institutions containing nursing programs for the following reasons:

   A. To meet the members of the Advisory Committee, faculty and administrators. (See Appendix A)

   B. To gather information about each nursing program (syllabi, objectives for graduates, sequence of courses taken, and competencies of graduates), in order to view the similarities and differences of each program.

   C. To restate the goals of the Consortium.

   D. To gain feedback from institutions concerning:

      1. Future proposals for additional grant monies.

      2. Decisions made by the Advisory Committee.

      3. Future direction of the articulation project.

   E. To ascertain the committment of each institution to articulation in nursing.

   F. To identify any possible future problems and make plans to deal with them.

III. Research of the literature in order for the coordinator to gain a clear understanding of articulation methods, problems, and need.

   A. Curriculum development and design.

   B. Articulation practices already in use.

   C. Problems facing nurses who wish to pursue a higher level of nurse education.

D. Competencies of all levels of nursing personnel.

E. History of the Development of different levels of nursing.

F. Documentative data concerning nursing shortages, (past, present, projected), on a regional, statewide, and national basis.

IV. Presentation of reading materials to nursing faculties in order to increase their own understanding of the multi-faceted approach to articulation.

V. A listing of Competencies of the Licenses Prqactical Nurse, (LPN), and the Associate Degree Nurse, (ADN), was formulated from pre-existing sets of competencies. A definative listing of these competencies contributed to assessing the similarities and differences for each level of nursing personnel.

VI. Two members of the Advisory Committee were sent to Minnesota for a two day presentation to study the Metro Area Nursing Education Consortium, (MANEC), for the purpose of bringing information about this particular Consortium's programs, problems and policies back to our region for review.

VII. Additions to the membership of the Advisory Committee were made in the areas of service, (industry), and a State Board of Nursing member in order to recognize and meet the needs and requirements of both elements.

VIII. Several Advisory Committee meetings were held for the following purposes (See Appendix B):

A. To give regional administrators, nursing educators, industry representatives, and the Board of Nursing representative, an opportunity to meet each other.

B. To give members the opportunity to express opinions, clarify questions, and to plan the future steps of the Consortium.

C. To aid in articulation process by direct communication with other members of the Committee.

D. To decide upon members of a committee to formulate a future budget.

E. To decide upon the first level of articulation with which the Consortium would start its articulation process.

IX. Several meetings of the Interim Administrative Committee were held to formulate plans for (See Appendix C and D):

- A. Distribution of existing monies
- B. Determining future monetary needs of the articulation project
- C. Distribution plans for future monies
- D. Submission of a proposal for future funding to a private source
- E. Qualification of a Consortium Director, if private sector funding is obtained.

X. A proposal for funding from a private source was sought in order to continue.

XI. A one day meeting was held for all regional LPN and ADN nursing faculty concerning (See Appendix F):

- A. Articulation proceedures
- B. Presentations of three articulation programs in existance, (Orange County, California, MANEC, ARNEC).
- C. Curriculum development
- D. Discussion of Consortium goals

XII. Pilot Program - Pensacola Junior College (See Appendix I) was designated as the pilot program for the Region due to the following reasons:

- A. It has both LPN and ADN nursing programs.
- B. The institution intended to start an articulation program of its own and was therefore at a higher degree of readiness for an articulation procedure than other institutions.
- C. Staff and program development monies from PJC provided two full time staff release positions to work on an articulation program.

XIII. A consultant was hired, (Dr. Jean Kintgen-Andrews), Project Director for the Agassiz Region Nursing Education Consortium, for the period of August to September 19, to assist in beginning the development of the Articulation Program. See Appendix H. During the period of her stay she:

- A. Presented information on various methods of articulation, curriculum design and development, ARNEC plan for nursing articulation.

B. Led PJC faculty in methods for determining a combined philosophy of nursing.

C. Met with each institution in the Region to discuss articulation methods and needs.

D. Conducted workshops for faculty members.

XIV. A two day meeting (See Appendix F) was held at PJC for 11 nursing faculty members, (Nursing Assistant, Licensed Practical Nurse, Associate Degree Nurse, Bachelor of Science Degree Nurse, Service, and State Board of Nursing), of all Regional programs. This meeting was held for the following purposes:

A. To allow faculty members to meet each other and to discuss problems and ideas concerning articulation.

B. To present a program involving each level of nursing practice in the Region, with special emphasis on each individual program, its design, format, and objectives in order to familiarize institutions with other nursing programs in the Region.

C. To discuss Regional service needs and utilization of personnel in various institutional settings.

D. To discuss entrance level requirements at each level and institution.

E. Possible problems encountered concerning articulation with State Board of Nursing.

XV. A time table for the implementation of the articulation project was formulated. This was to serve as a flexible step-by-step guide as each institution begins and goes through the curriculum development-revison process.

XVI. A final scheme of the administrative body, faculty workers, and director was formulated as a guide for communications and decision making.

XVII. Faculty Survey - A survey of faculty work and teaching experience was started. This survey included highest nursing degree held by faculty, experience in nursing curriculum development, knowledge of articulation proceedures, and familiarity with recent published materials concerning nursing articulation. This survey will help ascertain the specific needs of Regional nursing faculty in designing faculty workshops, in hiring consultants for the Consortium, and in determining areas of increased educational support for these faculty members. (See Appendix G.)

XVIII. Dr. Jean Kintgen-Andrews was employed to work with PJC Faculty in the LPN-ADN Pilot Program from December 8, 1980 to December 12, 1980. Purpose was to allow interaction regarding progress made and curriculum development; and to assist in firming up direction. See Appendix H.

XIX. Proposal submitted to Kellogg.

XX. Pensacola Junior College Continued to work towards an articulated program in LPN-ADN.

XXI. Revised Proposal submitted to Kellogg.

XXII. Decision was made not conduct curriculum workshops for Region faculty.

XXIII. Meeting was conducted of all Region I nursing faculties, administrators, and advisory committee on May 29, 1981. Topic - "Where do we go from here." See Appendic B.

Pensacola Junior College presented the "Nursing Articulation Program." See Appendix I.

Conclusions and Recommendations

The Florida Region I Health Occupation Education Consortium has made great strides towards its goal of implementation of an articulation procedure for nursing education. The pilot program at Pensacola Junior College has especially made tremendous progress. At present, the nursing faculties of PJC are devoting their effort to sequencing of courses and course descriptions that will provide a smooth educational route between their LPN and ADN programs. The plan for articulation is due to be put to use in the Winter of 1982 at Pensacola Junior College. Information on this was disseminated to Region I instructors at the meeting on May 29, 1981. Determination of goals, philosophy and definition of function at the LPN and ADN level has been accomplished, as well as a variety of alternative approaches to the actual articulation method to be utilized at PJC.

Other institutions are undergoing curriculum changes at this time but are mindful of their own future move towards an articulation process. The accomplishments at PJC will help other institutions by giving examples of procedures used, helping the other institutions to avoid pitfalls and problems encountered by PJC, and to review in totality the functioning of an articulation procedure. The report of the Pensacola Junior College Pilot Program is included in Appendix I. Professional interest and support for this project is at a high level. Public benefits can be tremendous if this project is given the opportunity to continue on its' present course. The responsibility for meeting this public and professional need clearly lies within the scope of the educators themselves, but the avenues of creating and implementing will be made longer and much more difficult, if not impossible, without sufficient funding. The future of this program lies with the acquisition of monies to further its growth and progress.

Appendix A

Advisory Committee

ADVISORY COMMITTEE
REGION I HEALTH OCCUPATIONS EDUCATION CONSORTIUM

Ms. Miriam Arnold
Vocational Coordinator
Escambia County
5402 Lillian Highway
Pensacola, FL 32506

Dr. Miriam Bailey
Chipola Junior College
Marianna, FL 32446

Mrs. Dorothy Binger
Director of Applied Sciences
Tallahassee Community College
Tallahassee, FL 32304

Ms. Eunice Braxton
Washington - Holmes AVTC
Chipley, FL 32428

Ms. Betty Gaskin
Nursing Instructor
Tom P. Haney VTC
Panama City, FL 32401

Dr. Earl N. Gulledge
Dean of the College
Okaloosa-Walton Junior College
100 College Boulevard
Niceville, FL 32578

Ms. Marn Henry
State Board of Nursing
192 Grandview Avenue
Valparaiso, FL 32580

Ms. Joan Futch
2139 Armistead Road
Tallahassee, FL 32312

Ms. Mary Knight
Consultant - Health & Public Services
Region I
Division of Vocational Education
Tallahassee, FL 32301

Dr. G. C. Labadie
Dean, School of Nursing
FAMU
Tallahassee, FL 32304

Professor Elizabeth Ogburn
Acting Chairperson
Department of Nursing
University of West Florida
Pensacola, FL 32504

Ms. Orpha Russell
Lively Area Vocational-Technical Center
500 N. Appleyard Drive
Tallahassee, FL 32304

Dr. Majorie Sparkman
Professor in Nursing
Florida State University
Tallahassee, FL 32306

Ms. Ann Syfrett
Gulf Coast Community College
Panama City, FL 32401

Dr. Jack Young, Dean
School of Health Related Education
Pensacola Junior College
West Campus, Highway 98
Pensacola, FL 32504

Ms. Dolly Partridge, R.N.
Nursing Services
Baptist Hospital
1000 E. Moreno
Pensacola, FL 32501

Appendix B

Minutes of Region I

Health Occupation Education Consortium

June 5, 1980

Florida Region I Health Education Consortium
Advisory Committee Meeting
Conference Room - OWJC Administration Building

MEMBERS PRESENT: See Attached

INSTITUTIONS NOT REPRESENTED: UWF and Lively Area Vocational Center

PRESIDING: Dr. Earl N. Gulledge

Meeting called to order by Dr. Earl Gulledge at 11:00 a.m.

Dr. Gulledge welcomed the new and returning members to the meeting. He introduced Ms. Roberta, (Bob), White, R.N., M.S.N., Coordinator of the Project, and Ms. Meegan Page, R.N., B.S.N., Assistant Coordinator of the Project, to the new members of the Consortium.

The history and progress of the Consortium to the present stage was presented by Dr. Gulledge. He also reported on the visit to the Kellogg Foundation, and handed out a copy of the DRAFT proposal which was taken to Kellogg on May 1, 1980. He stressed the fact that this was a DRAFT, completed in a short period of time, prepared to begin discussion with the Kellogg Foundation. Ms. Barbara Lee, Kellogg's representative, expressed interest and also gave points as to finalizing the proposal. These included:

1. Expand page 1 on need.
2. Detail how we are going to accomplish what we say we are.
3. Have a committee, as the top committee, composed of presidents and superintendents.
4. Get letter of support from each president and superintendent.
5. Need Executive Committee composed of representatives of industry, presidents/superintendents group, administrators, and directors that is small enough to work with. To be sounding board and mover.
6. Details on needs in Region I and also supply.
7. Must be a financial commitment on the part of each institution, indicated in the proposal.
8. Encouraged use of consultants.

Dr. Gulledge indicated that input was needed from all as to what should be included in the final proposal. Members present were asked to secure input from all at their institutions and get back a soon as possible. (NOTE: SINCE THE MEETING IT HAS COME TO OUR ATTENTION THAT ANOTHER GROUP IS WORKING ON A SIMILAR PROPOSAL TO SUBMIT TO KELLOGG. THEREFORE, WE NEED TO MOVE AS FAST AS POSSIBLE. FOR THIS REASON, MISS WHITE OR MISS PAGE WILL BE CONTACTING YOU ABOUT VISITING YOU DURING THE WEEK OF JUNE 23, 1980, TO GET YOUR INPUT.)

Dr. Sparkman raised the question of the Coordinator of the Project possessing a Master's Degree in Nursing in considering the long term goals of the Consortium Project. Ms. Marie Bruner questioned the scope of the Project going through the Master's level in nursing, due to the fact that a Master's Program in Nursing does not exist in Region I. Dr. Sparkman and Ms. Mary Knight reaffirmed the need to include the Master's level in the articulation project by relating that in the near future a Master's Degree in Nursing may be offered at FSU.

Dr. Sparkman also recommended that the funding requested from the Kellogg Foundation include money sufficient to accomplish the desired goals of the Project. Motion by Dr. Baber: Be it so moved that in any future proposal, adequate funding be allowed to hire an individual with a Master's in Nursing as a minimum requirement to function as Coordinator of the Project. Seconded by Dr. Sparkman. Discussion among group members. Vote tally: for - 11, against - 11, abstentions - 4. Motion tabled for future discussion.

Dr. Gulledge stated the administrative problems that exist, (1) release time, and (2) funding in budget for release time.

Dr. Gulledge recommended that the following individuals be appointed on an interim basis in the capacity of an Administrative Committee: Mr. Wayne Saunders, Dr. Sparkman or Dr. Henning, Dr. Jack Young, Dr. Lewis Baber. Dr. Miriam Arnold moved that the group accept and appoint the individuals as recommended by Dr. Gulledge to the Administrative Committee. Seconded by Dr. Durham. No discussion. Vote: unanimous for the motion.

A draft administrative structure was handed out to the group. Each institution was asked to give input on this as soon as possible. (NOTE: WE NEED THIS INPUT DONE WHEN MISS WHITE AND/OR MISS PAGE VISITS DURING WEEK OF JUNE 23, 1980.)

Ms. Knight suggested that each institution appoint someone to work on the proposal for final development.

Dr. Baber moved that Ms. Knight or Ms. Page visit each institution and assist with the development of the proposal. Seconded by Dr. Jack Young. Vote: unanimous for the motion.

Ms. Knight suggested that Ms. Mary Mergens, Project Coordinator for M.A.N.E.C., be utilized as a consultant for this project. Ms. Knight also suggested Ms. Joan Cobin as a consultant.

Meeting adjourned at 1:30 p.m. by Dr. Gulledge

REGION I HEALTH OCCUPATIONS EDUCATION CONSORTIUM
PRESENT AT JUNE 5, 1980 MEETING

NAME	TITLE	REPRESENTING
1. Dr. Earl N. Gulledge	Dean of the College	OWJC
2. Betty Ann Atkinson	Registered Nurse	Industry
3. Meegan Page	Assistant Dir. Health Education Consortium	OWJC
4. Roberta White	Director Health Ed. Consortium	OWJC
5. Eunice Braxton	Instructor	WHAVTC
6. Sharon May	Coordinator, Nursing Dep	Gulf Coast
7. Ann S. Syfrett	Chairman Allied Health	Gulf Coast
8. Marie Bruner	Program Chairman	Tall. Com. Col.
9. Dot Binger	Applied Sci. Div. Dir.	Tall. Com. Col.
10. Betty Gaskin	Dept. Chairman RN Progra (Health Occupations)	HVTC
11. Bill Slocumb	Principal	HVTC
12. Joan McGovern	Acting Head, Nursing Dep	PJC
13. Kathryn Goller	Dental Hygiene Departmen	PJC
14. William Kirby	Director of VTAE	Panama City
15. Dr. Ned Couey	Director, Occ. Ed.	OWJC
16. Joan Futch	Assis. Dir. Nursing Service	Tallahassee, FL
17. Dr. Marjorie Sparkman	Professor, FSU	Tallahassee, FL
18. Dr. Jack Young	Dean Schl. Health Rel. Ed.	PJC
19. Dr. Jim Durham	Dean, Instructional Prog	OWJC
20. Nell Rawls	Instructor of LPN at George Stone Area Center	George Stone Area Center

21. Miriam Arnold	Vocational Coordinator	Escambia County
22. Albert B. Caraway	Assistant to Dean, Voc/Tech.	Chipola Jr. College
23. Laverne L. Davis	Assistant Prof. FAMU	Tallahassee, FL
24. Dolly Partridge	Baptist Hospital	Pensacola, FL
25. Dr. Lewis Baber	Dean Career Studies	Gulf Coast Com. Col.
26. Mary Knight	Consultant DOE	Tallahassee, FL

REGION I HEALTH OCCUPATION EDUCATION CONSORTIUM MEETING

MAY 29, 1981

OKALOOSA-WALTON JUNIOR COLLEGE

ROOM E-043

PRESENT: See attached listing for persons present

The meeting was called to order at 10:05 a.m.

Dr. Gulledge opened the meeting with a report on what has transpired on the project since the last meeting and made a note that the termination date is June 30, 1981. He indicated that since the first proposal to Kellogg had not been approved a second one had been submitted. Acknowledgement of receipt from Ms. Barbara Lee's office has been received. Dr. Gulledge announced that the first proposal probably was somewhat over ambitious and would have taken a lot of money.

Dr. Young had originally planned to deliver PJC's progress report but due to surgery was not present at this time. Mrs. McCurdy, Mrs. Allen and Ms. Jones made a group presentation on the pilot program. A copy of the Nursing Articulation Program was given to each member present and was announced that copies would be mailed to those institutions unable to attend. Mrs. McCurdy put an emphasis on how the Consoritum or outside monies should only play a small part in how much progress should be made in a project of this kind. She indicated that PJC had certainly shown their willingness by using S & PD monies toward their progress.

Dr. Gulledge made a note that the members should consider whether or not the Consortium should end on June 30, 1981 or continue. He indicated that a final report is being prepared and would be sent to Joe Mills in Tallahassee. A copy will be sent to each member institution upon completion.

Ms. McCurdy gave a report on how beneficial it had been to have released time for their ADN & LPN faculty. Items of concern were carefully researched by individuals and a better flow of communication was present due to such sharing. She went on to say that Jean Kintgen-Andrews had spent a month primarily with Betty Allen and Lola Jones. Ms. Andrews presented them with a background of what had transpired in Minneapolis and their approach to some of the weaknesses.

Ms. McCurdy then gave a brief account as to what their Nursing Articulation Program contained (Philosophy, objectives, conceptual framework, proposed new curriculum and summary report). At this time a note of some corrections was made on LPN Level 2 Page 2. Technical credit hours on Medical Surgery I 2 credit hours, Clinical Nursing I 3 credit hours, and Intro. to Nursing 3 credit hours for a total of 45 credit hours.

Implementation of PJC's plan had originally been scheduled for Fall Semester 1981 but due to the slow progress in getting approval from State Board and the Curriculum Committee, agreement was made that the program be delayed until January of 1982. Ms. McCurdy also pointed out that the new State Board Representative was encouraged by their Nursing Program.

Admission into PN and RN programs at PJC was discussed in detail with testing, reading comprehension scores and an orientation as a limiting factor for acceptance. Mary Knight expressed her thoughts and warned PJC that they should seriously think about the limitation of acceptance by reading scores. Mrs. Allen noted that a study was being done to determine methods for acceptance into the programs.

Role identification in transitional courses was brought up by Dr. Henning in reference to the History of Nursing. Dr. Sparkman was concerned that General Psychology had been illiminated as a prerequisite and Mrs. Allen expressed her concern as well.

Mary Knight asked if transferring from PN to RN would be of any problem, Mrs. Allen and Ms. McCurdy assured her that the 17 hours earned would easily be transferable.

A lengthy discussion of what a technical credit followed and was explained by Dr. Gulledge.

Dr. Sparkman expressed her appreciation towards Dr. Gulledge's efforts put forth in helping make the Consortium what it is today.

Dr. Gulledge encouraged the various institutions to apply for S & PD or other funds to fund their nursing articulation programs.

Dr. Henning raised the question of the importance of FSU to the Consortium. Dr. Gulledge assured the representatives that although the emphasis had been on the LPN/ADN programs in the Pilot program, that the overall emphasis should remain NA to Masters and that FSU was vital to the articulation process.

Dr. Gulledge expressed that the Consortium needs to work formally or informally towards a goal and that the idea of concept should not be allowed to die. Meetings are needed periodically to share problems and solutions.

Dr. Henning then presented her thoughts on the High Schools preparing Nurses Aides to work at Nursing Homes in physical care and what should be done in Tallahassee to prevent this concept.

Meeting adjourned at 12:05 p.m.

REGION I HEALTH OCCUPATION EDUCATION CONSORTIUM MEETING
MAY 29, 1981
MEMBERS PRESENT

NAME	REPRESENTING
Betty A. Allen	Pensacola Junior College
Miriam Anold	Escambia County School District
Marie Bruner	Tallahassee Community College
Betty Gaskin	Tom P. Haney, Panama City, FL
Earl N. Gulledge	Okaloosa-Walton Junior College
Emilie D. Henning	Florida State University
LaNita Hill	Tom P. Haney, Panama City, FL
Marilyn Holley	Tom P. Haney, Panama City, FL
Lola Ann Jones	Pensacola Junior College
Mary Knight	Department of Education
Sharon May	Gulf Coast Community College
Margaret A. McCurdy	Pensacola Junior College, Med. Health
Kell Rawls	Pensacola Florida, George Stone Center
Marjorie Sparkman	Florida State University

Appendix C

Members of Interim Administrative Committee

Interim Administrative Committee
of
The Region I Health Education Consortium

Dr. Lewis Baber - Gulf Coast Community College

Dr. Marjorie Sparkman - Florida State University

Mr. Wayne Saunders - Washington-Holmes Area Vocational Techanical Center

Dr. Jack Young - Pensacola Junior College

Dr. Earl Gulledge - Okaloosa-Walton Junior College

Ms. Mary Knight - (ex-officio) Department of Education

Appendix D

Minutes of

Interim Administrative Committee

M E M O R A N D U M

TO: Interim Administrative Committee of the Region I Health Education Consortium

Dr. Marjorie Sparkman
Dr. Jack Young
Dr. Lewis Baber
Mr. Wayne Saunders

cc: Ms. Mary Knight
Ms. Roberta White
Ms. Meegan Page

FROM: Earl N. Gulledge

DATE: June 23, 1980

SUBJECT: Meeting of Interim Administration Committee

There will be a meeting of the Interim Administration Committee of the Region I Health Education Consortium at 10:00 a.m. on July 25, 1980 at OWJC in the Conference Room on the second floor of the Administration Building.

The following matters need to be discussed:

1. Procedures for allocation of released time monies.

2. Finalizing of administration procedures and proposal to be submitted to Kellogg.

Ms. White and Ms. Page are visiting the various institutions this week to get input on the Kellogg proposal and administration procedures. A copy of the inputs will be mailed to you next week when they return. Also a copy of the Kellogg proposal and administration procedures with inputs injected will be mailed to you as soon thereafter as the various input can be placed into the proposals. This is being done so you will have these for consideration before we met on July 25, 1980.

ENG:cm

MEMORANDUM

TO: Interim Administrative Committee of the Region I Health Education Consortium

Dr. Marjorie Sparkman
Dr. Lewis Baber
Dr. Jack Young
Mr. Wayne Saunders
Mary Knight (Ex-officio)

FROM: Earl N. Gulledge

DATE: July 29, 1980

SUBJECT: Report

Attached is a copy of the minutes of the July 24, 1980 meeting. Please check these minutes carefully. If you disagree with any portion, please let me know as soon as possible so they may be corrected.

I called Dr. Jean Kintgen-Andrews Monday, July 28, 1980. She is not available from August 25 to September 29, 1980, but is only available from August 25 to September 19, 1980. She has to report to her campus on September 22, 1980. This is four weeks rather than five weeks. Therefore I offered her $3,200 rather than $4,000 as I had been directed. ($4,000/25 = $160; 20 x $160 = $3,200) She would not give me an answer during our conversation, but informed me she would have to do some checking and would get back to me before the end of this week. I will let you know her answer when she calls me.

ENG:cm

Attachment

MINUTES
OF
INTERIM ADMINISTRATIVE COMMITTEE
OF THE
REGION I HEALTH EDUCATION CONSORTIUM
JULY 24, 1980

Members Present:	Dr. Earl Gulledge - Presiding
	Dr. Marjorie Sparkman
	Dr. Jack Young
	Dr. Lewis Baber
	Mr. Wayne Saunders
	Ms. Mary Knight - ex-officio
Members Absent:	None

Meeting was called to order by Dr. Gulledge at 10:30 a.m.

Considerable discussion was held on the money remaining in Project 0-1C11, and how to derive the maximum benefit from these funds.

After considering many possibilities, the Interim Administrative Committee of the Region I Health Education Consortium unanimously agreed to the following:

1. Ms. Roberta White will not be utilized as the Consortium Coordinator after July 31, 1980.

2. Ms. Meegan Page to be continued as Assistant to the Project until December 31, 1980.

    a. This will consume $14,329.29 of the original $18,000 that was in the project for Salary (Line 520).

Ms. Meegan Page		
April		$ 767.79
May		1,316.79
June		1,316.79
July		1,434.92
August		1,434.92
September		1,434.92
October		1,434.92
November		1,434.92
December		1,434.92
	TOTAL	$12,010.89

Ms. R. White		
May		$ 708.40
June		966.00
July		644.00
	TOTAL	$ 2,318.40

Total Salaries April - December 31, 1980 -- $14,329.29

b. The balance in the Salary (Line 520) fund, $3,670.71, will be transferred to Release Time (Other Services) (Line 645); giving a total of $18,930.71 for this (15,260.00 original plus $3,670.71 from salary = $18,930.71)

3. The Other Services (Line 545) monies ($18,930.71) are to be used for the following:

a. A consultant,

Dr. Jean Kintgen-Andrews
Project Director of Agassiz Region
Nursing Education Consortium
University of North Dakota
Grand Forks, ND 58202
or
Agassiz Region Nursing Education Consortium
P.O. Box 160
Thief River Falls, MN 56701

Phone 701/777-4173
701/775-0202

To be contracted with for August 25 to September 29, 1980. She to be offered $4,000 (and not over $4,500 without agreement of Interim Administrative Committee) for this time.

She to work with the institutions, and formulate a plan for the completion of the goals of the Region I Health Education Consortium Articulated Nursing Program.

b. The remainder of the funds in Other Services (Line 645) is to be utilized by the institutions with LPN and ADN programs for release time for instructors to work with the consultant and with Pensacola Junior College's personnel on their Pilot Program.

The amount that will be given to Pensacola Junior College and the amount that will be given to the other institutions will be determined by the Interim Administrative Committee after Dr. Jack Young has determined the amount that Pensacola Junior College will be funding from their S & PD Funds.

The Interim Administrative Committee also unanimously agree that the following should be the minimum qualifications of the Director as stated in any future grant proposals (Kellogg or others), and the minimum qualifications of any person hired as the Director in the future.

The Director should have:

1. Two to five years experience in clinical practice.
2. Three to five years in teaching in nursing program and experience in Curriculum Development.
3. A Master's in Nursing (A Doctorate is preferred)
4. A person who has experience working with a consortium is preferred.
5. The person selected for this position should be on a contractual basis (not faculty status) in order that dollar amount can be such that top persons can be attracted.
6. A minimum of $30,000 should be requested in any future grant proposal for first year for this position. (The National salary for persons with Masters in Nursing, according to information provided by Dr. Sparkman, is $24,647 to $28,500 plus fringes.)

The Interim Administrative Committee members are to provide information on what should and should not be in any future grant proposal for the review of Committee members.

The meeting adjourned at 1:15 p.m. (Some members had previous committments for the afternoon.)

MEMORANDUM

TO: Region I Health Education Consortium

FROM: Earl N. Gulledge

DATE: August 18, 1980

SUBJECT: Progress Report

It was decided at the July 24, 1980 meeting of the Interim Administrative Committee to invite Dr. Jean Kintgen-Andrews, Project Director of the Agassiz Region Nursing Consortium, to serve as Consultant of the Region I Health Education Consortium between the dates of August 25 and September 29, 1980.

Contact was made with Dr. Jean Kintgen-Andrews and she has agreed to work with the Region I Consortium from August 25, 1980 through September 19, 1980. The emphasis during this period of time will be on the development of the LPN-ADN program. Pensacola Junior College will be the place where the majority of Dr. Kintgen-Andrews time will be spent as they are releasing faculty members to concentrate on these two areas.

Following is the tentative itinerary for Dr. Kintgen-Andrews during the time period of August 25, 1980 to September 19, 1980.

August 25, 1980	Arrive at Pensacola Junior College and begin working with PJC instructors.
August 26, & 27, 1980	Working with PJC instructors.
August 28, 29, & 30, 1980	Visiting other Region I Institutions (I understand Ms. Mary Knight has contacted you regarding this and has scheduled dates and times with you.)
September 2,3,4 & 5, 1980	Working with PJC instructors.

September 8, 1980	Meeting at PJC, beginning at 9:00 a.m., of all Region I ADN/LPN instructors. Those of you traveling the long distance (such as from Tallahassee) may wish to travel to Pensacola on Sunday afternoon. The Consortium will reimburse for perdiem (if you travel to Pensacola on Sunday) and for mileage (Those of you from the same town should arrange to travel together). Please complete the attached form and give to Ms. Meegan Page before you leave the meeting on September 8, 1980.
September 9, 10, 11, 1980	Working with PJC instructors.
September 12, 1980	Meeting with Interim Administrative Committee at OWJC, 10:00 a.m. (INTERIM ADMINISTRATIVE COMMITTEE MEMBERS - PLEASE NOTE)
September 15, 16, 17, 1980	Meeting at PJC, of all Region I ADN LPN instructors beginning at 11:00 a.m. on Thursday, September 18, 1980 and completing by 12:00 noon on Friday, September 19, 1980. All of you who live outside of Pensacola will probably want to stay over Thursday night in Pensacola as the Thursday meeting will probably run late (may have evening meeting also, if necessary). Beginning at 11:00 a.m. on Thursday will allow for travel to Pensacola to be on Thursday morning and return to homes on Friday afternoon.

September 19, 1980 will be Dr. Jean Kintgen-Andrews' last day as a Consultant with the Consortium.

All ADN & LPN instructors should benefit from the two meetings at PJC with Dr. Kintgen-Andrews. Therefore all are encouraged to attend. As stated above the Region I Health Consortium will pay the travel for those attending, not just for those designated as representatives to the Consortium.

Hopefully the Interim Administrative Committee will have the data necessary at their meeting on September 12, 1980 to ascertain those number of dollars to be given to each program for release time.

MINUTES
OF
INTERIM ADMINISTRATIVE COMMITTEE
OF THE
REGION I HEALTH OCCUPATION EDUCATION CONSORTIUM

SEPTEMBER 12, 1980

AT

OKALOOSA-WALTON JUNIOR COLLEGE

Members Present:
Dr. Earl Gulledge - Presiding
Dr. Marjorie Sparkman
Dr. Jack Young
Dr. Lewis Baber
Ms. Mary Knight - Ex-Officio
Ms. Meegan Page - Assistant to the Consortium

Members Absent:
Mr. Wayne Saunders
(called - He was in Orlando at another meeting)

Meeting was called to order by Dr. Gulledge at 10:15 a.m.

Dr. Gulledge reported that in compliance with the directive of the Interim Administrative Committee at their July 24, 1980 meeting, Ms. Meegan Page had been given a contract to expire December 31, 1980. Budget Amendment to transfer funds remining in salary line 520 - Personnel to line 645 - Other after encumbering salary for Ms. Page through December 31, 1980 is being prepared. This will give the following in line 645 - Other.

$15,260.00 - Original
4,647.33 - Transfer from Salary
$19,907.33 - Total

Of this $19,907.33, $4,366.00 has been encumbered for the Consultant, Dr. Jean Kintgen-Andrews, leaving a balance of $15,541.33 in line 645 - Other.

A lengthy discussion followed on what would be the best utilization of these funds. After discussion of many ideas, it was decided that the following would be done for the present time.

1. Dr. Jack Young to submit an estimate of the release time needed for a secretary working with the ADN/LPN program at Pensacola Junior College. He is to submit this to Dr. Gulledge by September 19, 1980. The money necessary for this is to be taken from line 645 - Oher.

2. The remaining funds in line 645 - Other are to be held until final report is received from the Consultant, Dr. Jean Kintgen-Andrews.

3. After final report is received, and input is received from instructors by Interim Administrative Committee, a decision will be made as to whether or not to fund the following:

    a. A one-week follow-up visit by the consultant, Dr. Jean Kintgen-Andrews.

    b. A curriculum workshop for all instructors.

A DRAFT copy of the Kellogg proposal which includes all the comments received following the last meeting was given to the members. Also a copy of Dr. Kintgen-Andrews reactions to the proposal was given to each member. Each member was asked to check the proposal carefully, noting any recommended changes, and get back to Dr. Gulledge as soon as possible.

The next meeting of the Interim Administrative Committee will be after comments on the proposal are received and after the final report is received from Dr. Kintgen-Andrews.

MINUTES
OF
INTERIM ADMINISTRATIVE COMMITTEE
OF THE
REGION I HEALTH OCCUPATION EDUCATION CONSORTIUM

OCTOBER 5, 1980

AT
OKALOOSA-WALTON JUNIOR COLLEGE

Members Present: Dr. Marjorie Sparkman   Dr. Lewis Baber
Dr. Jack Young   Ms. Mary Knight, Ex-Officio
Ms. Meegan Page - Assistant to the Consortium

Members Absent: Mr. Wayne Saunders - (Conflicting Meeting)

Dr. Earl Gulledge opened the meeting by stating that two issues needed to be settled at this meeting: 1.) Finalize the use of the balance of money remaining in the budget, and 2.) Finalize the proposal for funding from Kellogg. Dr. Gulledge reported that, 1.) the budget amendment had been approved by the State, and 2.) that the proposal had been approved by the Board of Trustees of Okaloosa-Walton Junior College.

Dr. Young stated that S & PD monies will continue to be provided for two full time release personnel for the next semester at PJC. He also reported that his faculty had made "great strides in progress" in their curriculum work. One reason for such progress was the "valuable help" Dr. Jean Kintgen-Andrews provided during her time at PJC as Consultant to the Consortium. He reported that many of the PJC nursing faculty have requested that Dr. Kintgen-Andrews return as Consultant in December to add further guidance to the Consortium Project. Dr. Sparkman and Ms. Knight agreed that they believed Dr. Kintgen-Andrews return would be beneficial.

Dr. Sparkman brought up the subject of faculty workshops on Curriculum Development, (an issue discussed at a previous meeting). She suggested two, two day workshops for the Region's nursing faculty. Each faculty member would attend a two day workshop - the purpose for two workshops was to decrease the total number of people at each meeting in order to make the size of each group more conducive to learning. The suggested location of the meetings was either Panama City, or, Fort Walton Beach. A suggested date for the meetings was in April. Dr. Sparkman also suggested that some faculty members from each institution come to the first meeting and other members of that institution come to the second meeting. The reasons for this split were to promote mixing of different faculties and also to reduce the number of instructors absent from a school at one time. Ms. Knight stated that Dr. Kintgen-Andrews had given her the name of a person as a consultant for the planned workshops. She agreed to call Dr. Gulledge to give him the consultant's name.

It was moved by Dr. Jack Young that Dr. Earl Gulledge be authorized to administer the balance of monies for 1.) the faculty workshops and, 2.) the return of Dr. Kintgen-Andrews as Consultant. The motion was seconded by Dr. Sparkman. The vote was unanimous in favor of the motion.

Dr. Baber stated that he believed that the Consortium "needs definitive direction" for its activities. He stated that the grant was for a broader aspect than LPN-ADN articulation and that the other levels of articulation had not been addressed. Ms. Knight stated that an absolute and precise way of obtaining the goals was not possible at this point. Dr. Gulledge interjected that the "primary purpose of the seed money was to pursue more monies," since it was impossible to accomplish the amount of work needed to complete an articulation process from NA to Masters in a one year time period or with the money now available.

Dr. Gulledge handed a revised copy of the Kellogg proposal to members of the Committee stating that this copy was prepared by Dr. Dave McQuat and Ms. Knight. He also added that the content was unchanged but that the format was revised to one more applicable to that of a proposal. He asked the members to review the proposal and to notify him by Friday, November 7th, of any changes.

The discussion then turned to the subject of ADN to BSN articulation. Dr. Baber asked Dr. Sparkman how she envisioned this process to be accomplished. Dr. Sparkman stated that at present, a two year nursing program must grant an Associate of Arts Degree as a base if transfer to a university with full credit is to occur. She stated that an ADN could not transfer directly with full credit into a BS program at present. In order to be accredited by the NLN, the BSN program must have upper divisional nursing courses and that the lower division nurisng courses would not satisfy this requirement. ADN students entering the BS programs must take challenge exams for nursing credit. Ms. Knight stated at present these are the requirements, but many changes are now taking place and many more changes will be effected in the future. The Consortium must work with these accrediting agencies but also work for changes within these agencies. Dr. Gulledge stated that the "dream is that a person can move smoothly from one level to another without any credit loss however, constraints must be worked with." He sees the Consortium as an agent for change.

Dr. Gulledge brought up the subject of the signatures of support from the presidents of the institutions. He suggested that a separate page with a simple statement of support and a copy of the final proposal be sent to each institution for signing.

Dr. Gulledge made the suggestion to send a summary or report of Consortium activities to its members. This was agreed upon. The meeting was adjourned. at 1:00 p.m.

MEMORANDUM

TO: Interim Administrative Committee of the Region I
Health Occupation Education Consortium

Dr. Marjorie Sparkman
Dr. Jack Young
Dr. Lewis Baber
Mr. Wayne Saunders
Ms. Mary Knight-Ex-Officio

FROM: Earl N. Gulledge

DATE: October 20, 1980

SUBJECT: Meeting and Report

The final report has been received from Dr. Jean Kintgen-Andrews.

A copy of this, plus other reports that Dr. Andrews has submitted is included.

We have redone the Kellogg proposal including comments that have been received. A copy of the revised proposal is enclosed.

Dr. Young has submitted his request for released time secretarial assistance. A copy of his request is included. This leaves the following in the Other category:

$15,250.00	- Original
4,647.33	- Transfer from Salary (Budget Amendment has been submitted to Tallahassee
$19,907.33	
1,200.00	- Pensacola Junior College
$18,707.33	-
-4,366.00	- Dr. Andrews
$14,341.33	- Balance

Now that we have the above in, our next meeting is scheduled per directions at the last meeting. The meeting will be November 5, 1980 at 11:00 a.m.

Please check the Kellogg proposal carefully before then so we may finalize this. Also, you will need to finalize your recommendations per Item 2 and 3 of page 2 of the September 12, 1980 minutes.

MEMORANDUM

TO: Members of the Region I Health Occupation Education Consortium

FROM: Earl N. Gulledge
Meegan Page

DATE: November 14, 1980

SUBJECT: Report of Consortium Activities

At the November 5, 1980 meeting of the Interim Administrative Committee of the Region I Health Occupation Education Consortium it was decided that a report of the Consortium activities should be sent to all Consortium Advisory Committee members. Attached is the report prepared by Ms. Page in response to this decision.

Please share this with the others at your institution.

ENG:cm

REGION I HEALTH OCCUPATION EDUCATION CONSORTIUM
REPORT ON ACTIVITIES

Since mid-April of this year the Florida Region I Health Occupations Consortium has made definite progress in attaining its goal of providing an articulation pathway for nursing education. The Consortium has been successful in its attempts to meet this goal in many areas. The following report is a description of activities and methods utilized thus far in bringing about a more efficient educational process for nurses, an increased number of health care workers for the Region and as a result yielding better standards of health care for this Region's population.

I. Site visits were conducted at all regional institutions containing nursing programs for the following reasons:

   A. To meet the members of the Advisory Committee, faculty, administrators

   B. To gather information about each school of nursing, (syllabi, objectives for graduates, sequence of courses taken, and competencies of graduates), in order to view the similarities and differences of each program.

   C. To restate the goals of the Consortium

   D. To gain feedback from institutions concerning:
      1. Future proposals for additional grant monies
      2. Decisions made by the Advisory Committee
      3. Future direction of the articulation project

   E. To ascertain the committment of each institution to articulation in nursing

   F. To identify any possible future problems and make plans to deal with them

II. Research of the literature was conducted throughout the term of this grant in order for the coordinator to gain a clear understanding of articulation methods, problems, and need.

   A. Curriculum development and design

   B. Articulation practices already in use

   C. Problems facing nurses who wish to pursue a higher level of nurse education

D. Competencies of all levels of nursing personnel

E. History of the devlopment of the different levels of nursing

F. Documentative data concerning nursing shortages, (past, present, projected), on a regional, statewide and national basis.

III. Presentation of reading materials to nursing faculties in order to increase their own understanding of the multi-faceted approach to articulation.

IV. A listing of Competencies of the Licenses Practical Nurse, (LPN), and the Associate Degree Nurse, (ADN), was formulated from pre-existing sets of competencies. A definitive listing of these competencies contributed to assessing the similarities and differences for ech level of nursing personnel.

V. Two members of the Advisory Committee were sent to Minnesota for a two day presentation to study the Metro Area Nursing Education Consortium, (MANEC), for the purpose of bringing information about this particular Consortium's programs, problems and policies back to our region for review.

VI. Additions to the membership of the Advisory Committee were made in the areas of service, (industry), and a State Board of Nursing member in order to recognize and meet the needs and requirements of both elements.

VII. Several Advisory Committee meetings were held for the following purposes:

A. To give regional administrators, nursing educators, industry representatives, and the Board of Nursing representative, an opportunity to meet each other.

B. To give members the opportunity to express opinions, clarify questions and to plan the future steps of the Consortium.

C. To aid in articulation process by direct communication with other members of the Committee.

D. To decide upon members of a committee to formulate a future budget. (The Interim Administrative Committee)

E. To decide upon the first level of articulation with which the Consortium would start its articulation process.

VIII. Several meetings of the Interim Administrative Committee were held to formulate plans for:

  A. Distribution of existing monies

  B. Determining future monetary needs of the articulation project

  C. Distribution plans for future monies

  D. Submission of a proposal for future funding to a private source

  E. Qualifications of a Consortium director, if private sector funding is obtained.

IX. A proposal for funding from a private source was sought in order to continue the articulation project.

X. A one day meeting was held for all regional LPN and ADN nursing faculty concerning:

  A. Articulation procedures

  B. Presentations of three articulation programs in existance, (Orange County, California, MANEC, ARNEC).

  C. Curriculum development

  D. Discussion of Consortium goals

XI. Pilot Program - Pensacola Junior College was designated as the pilot program for the Region due to the following reasons:

  A. It contains both LPN and ADN nursing programs.

  B. The institution intended to start an articulation program of its own and was therefore at a higher degree of readiness for an articulation procedure than other institutions.

  C. Staff and program development monies from PJC provided two full time staff release positions to work on an articulation program.

XII. A consultant was hired, (Dr. Jean Kintgen-Andrews), Project Director for the Agassiz Region Nursing Education Consortium, for the period of August to September 19, to assist in beginning the development of the Articulation Program. During the period of her stay she:

A. Presented informtion on various methods of articulation, curriculum design and development, ARNEC plan for nursing articulation.

B. Led PJC faculty in methods for determining a combined philosophy of nursing.

C. Met with each institution in the Region to discuss articulation methods and needs.

D. Conducted workshops for faculty members.

XIII. A two day meeting was held at PJC for all nursing faculty members, (Nursing Assistant, Licensed Practical Nurse, Associate Degree Nurse, Bachelor of Science Degree Nurse, Service, and State Board of Nursing), of all Regional programs. This meeting was held for the following purposes:

A. To allow faculty members to meet each other and to discuss problems and ideas concerning articulation.

B. To present a program involving each level of nursing practice in the Region, with special emphasis on each individual program, its design, format, and objectives in order to familiarize institutions with other nursing programs in the Region.

C. To discuss Regional service needs and utilization of personnel in various institutional settings.

D. To discuss entrance level requirements at each level and institution.

E. To discuss possible problems encountered concerning articulation with State Board of Nursing.

XIV. A time table for the implementation of the articulation project was formulated. This will serve as a flexible step-by-step guide as each institution begins and goes through the curriculum development-revision process.

XV. A final scheme of the administrative body, faculty workers, and director was formulated as a guide for communications and decision making.

XVI. Faculty Survey - A survey of faculty work and teaching experience was started. This survey included highest nursing degree held by faculty, experience in nursing curriculum development, knowledge of articulation procedures, and familiarity with recent published materials concerning nursing articulation. This survey will help ascertain the specific needs of Regional nursing faculty in designing faculty workshops, in hiring consultants for the Consortium, and in determining areas of increased educational support for three faculty members.

This project has been met with a high degree of enthusiasm from nursing faculty, administrators, and industry. The members of the Consortium believe that although there is a great deal of work to be done, the results of this project will be extremely beneficial to nurses and consumers alike.

Appendix E

Coordinator's Logs

REGION I HEALTH OCCUPATIONS EDUCATION CONSORTIUM
COORDINATOR'S LOG FOR APRIL 14 - MAY 31, 1980

I. Site visits were made to all LPN and ADN programs in Region I. These visits were conducted for the following purposes:
   A. To meet members of the consortium, (Advisory Committee members nurse educators and administrators), from each institution.
   B. To obtain: information regarding nursing courses from the specific programs, a syllabus for each course, and objectives and competencies for the graduates of each institution.
   C. To restate the goals of the Consortium.
   D. To further enlist the cooperation of each institution in the Region.
   E. To reassure members that they were the ones to formulate and initiate all aspects of nursing education in this Region; and that the Coordinator is responsible for collection of data, assimilation of data, and presentation of data to educators and administrators for feedback, suggestions, approval or disapproval.

II. During this period a research of the literature was conducted, (this will be an ongoing process), concerning aspects of nursing education.
   A. Career ladder
   B. Articulation and articulation programs in existence.
   C. Compentencies of various levels of nursing on entry level into practice, (cognitive and behavioral), from NLN, SREB, MANEC, FL Vo-techs, and from each ADN and LPN school of nursing in the Region.

III. A proposed list of competencies for entry into practice for the ADN and LPN was considered from the resources previously mentioned.

IV. Contact was made with individuals representing industry in order to enlist their support and participation in Consortium activities.

V. Problems encountered during this period were:
   A. At present most of the institutions in the Region were undergoing or about to undergo curriculum revision and problems were anticipated concerning lack of willingness to make another curriculum change so soon after initiating their own curriculum revisions.
   B. Some reluctance on the part of a few individuals to cooperate fully with the Consortium as a unit of decision making of the Regions's nursing programs as a whole.
   C. Initially some individuals were reluctant to share information concerning their nursing programs with other institutions of the Consortium itself.
   D. An attempt to enlist the participation of a member of the Florida State Board of Nursing was made. However, according to the Board's legal advisor, her participation was viewed as a possible conflict of interest.
   E. Lack of availability of a major research project on articulation - the Orange County Study of California.

VI. Positive aspects encountered were:
  A. A high degree of committment to the goals of articulation, career ladder, and the need for both of these in this region as well as throughout the nation.
  B. Most individuals indicated a high level of interest and desire to be working participants in the Consortium.
  C. An expressed need of R.N.'s from the service organizations, i.e., hospitals, public health agencies, extended care facilities and HMO's in Region I, had been transmitted to the various schools of nursing in the Region and the Consortium goals were viewed as a means of assisting in meeting this need.
  D. The Florida State Board member recommended an R.N. who is in close contact with the board member but not a member of the board itself, to function as a liason.

FLORIDA REGION I HEALTH EDUCTION CONSORTIUM
COORDINATOR'S LOG FOR JUNE, 1980

I. Preparation of materials on nursing education and articulation done for the Consortium Advisory Committee meeting.

II. Presentation of published materials on competencies for the different levels of nursing.

III. Presentation of proposed competencies of the ADN's and LPN's for the Advisory Committee.

IV. Collection of available nursing manpower statistics.

V. Formulation of a tool for Region I survey of manpower and institutional need.

VI. Visits to Region I's nursing programs to discuss grant proposal - assimilation of suggestions, feedback and data.

VII. Beginning re-write of Kellogg Grant Proposal.

VIII. Continued research of literature on nursing education.

IX. Problems encountered

A. Disagreement on job description and qualifications of Coordinator and Assistant Coordinator.
B. Unavailability of Orange County Study.
C. Due to summer schedule - lack of availability of all institutions to meet with Coordinator about proposal revision.

REGION I HEALTH OCCUPATIONS EDUCATION CONSORTIUM

COORDINATOR'S REPORT JULY 1980

During this month a redraft of the proposal for funding to Kellogg was accomplished. Statistics were added, the problem statement refurbished. Time was also spent developing the structure and function of the various committees involved in the Consortium. Copies of the proposal were sent to the members of the Interim Advisory Committee for suggestions and changes. The Advisory meeting was rescheduled from the 25th of July to the 24th of July because Dr. Baber of Gulf Coast Community College was unable to attend on July 25th. Memos of the meeting's time change were sent and all members were notified by telephone.

Problems encountered during this period were extremely frustrating. The first and foremost problem was that of confusion over the job description and role of the Coordinator and Assistant Coordinator. In the beginning, the members of the Consortium wanted a person to coordinate the efforts of the Consortium, someone who would gather and present information to the Consortium concerning nursing articulation, and to act as a mediator for group problems and disagreements. At this time the Consortium has completely changed its' opinion of the Coordinator's function, it now wants someone to direct its efforts and lead each institution's articulation process. This complete reversal led to much dissention and disharmony among the Consortium members. This problem also left the Coordinators feeling powerless and uncomfortable. The Coordinator was hired according to one job description and when the Consortium members changed their views found that they were dissatisfied with our credentials in carrying out the new job description.

Another problem faced before the redrafting of the Kellogg proposal was getting feedback from members of the Consortium. Very few people sent comments or suggestions for the redrafting process. but many seemed dissatisfied with the product of the rewrite.

REGION I HEALTH OCCUPATIONS EDUCATION CONSORTIUM

COORDINATOR'S LOG - AUGUST 1980

During this month a research of the literature continued. The Florida Panhandle Health Systems Agency was contacted and sent its' Nursing Manpower Survey for 1979, which contained very little new statistical information. They also informed me that the latest statistics were unavailable at this time.

Dr. Jean Kintgen-Andrews, (Project Director for the Agassiz Region Nursing Education Consortium of Minnesota and North Dakota), was employed to serve as Consultant to this Region's Consortium. She began working with the group on August 25, and will continue through September 19. Most of her time will be spent at PJC working on the articulation process from LPN to ADN, as a pilot project since PJC was, 1.) ready to start its own articulation program, 2.) had S & PD funds, 3.) release time for two full time instructors to work on the project.

The final draft of the Kellogg proposal was done by Dr. Gulledge with a few comments and suggestions from the Interim Advisory Committee. A decision by the State Board of Nursing on the subject of Ms. Henry, (a Board member), serving on the Advisory Committee was changed so she was able to become involved with the Region I Project.

This was another month of frustration. No new statistics were obtainable from the Florida Panhandle Health Systems Agency. The Orange County California Nursing Articulation Program report was still unavailable to us, despite calls and letters written asking for that report.

Another problem is the lack of direct communication of problems or complaints. Most of these were directed to Mary Knight, instead of to Dean Gulledge or myself. (Ms. Knight serves in the capacity of Consultant to the Florida Region I Health Education Consoritum from the D.O.E.) A third frustration was that of my own inexperience in teaching, nursing education, or curriculum modification and development. This was and is, not only a hinderance to my ability to find direction for the project, but also to the nursing educators, who have little respect for my opinions. I have felt this for a while, but especially this month, an "outsider" to the affairs of the Consortium, and felt extremely frustrated and powerless.

REGION I HEALTH OCCUPATIONS EDUCATION CONSORTIUM

COORDINATOR'S LOG - SEPTEMBER 1980

I. Met with Dr. Kintgen-Andrews. Discussed:
   A. Possible areas to be covered during her stay
   B. Topics already underway at PJC

II. Met with Ms. Lola Jones, (LPN-PJC), Ms. Margaret McCrudy, (LPN-PJC), and Ms. Betty Allen, (ADN-PJC). Discussed:
   A. Progress made thus far. Most of the time has been spent:
      (1) Discussing and formulating a combined LPN & ADN, (PJC), Philosophy of Nursing
      (2) Discussing kinds of articulation processes currently utilized in other programs and alternatives to these processes
      (3) Determining the kind of articulation procedure desired at PJC
      (4) Researching the literature on articulation through library sources and articles provided by Dr. Kintgen-Andrews
      (5) Discussing progress and presenting new information to their respective faculty members at PJC for feedback.
   B. The feasibility, in their opinion, of starting the articulation process at PJC next Fall, (1981).

III. Copies of articles, on curriculum development, the curriculum from ARNEC, reports on ARNEC obtained from PJC faculty members for continued review of literature.

IV. Copies of the above sent to Dr. Gulledge.

V. September 8 - Attended a meeting of the ADN and LPN instructors of Region I, held at PJC.
   A. Notes on the meeting were formulated and sent to Dr. Gulledge
   B. During this meeting it was decided to invite the faculty members of the BSN and NA programs, members of service, and State Board of Nursing members to the next meetings on the 18th and 19th.
   C. A list of faculty attending sent to Dr. Gulledge and travel reimbursement form for out of town faculty sent to Dr. Gulledge

VI. BSN and NA faculty, State Board members, and service representatives contacted by telephone and invited to attend the meetings scheduled for September 18 and 19.

VII. Hotel accomodations found for persons who wished to attend these meetings.

VIII. Memorandum was sent to all the persons contacted by phone announcing the meetings.

IX. A request for a presentation from each institution was also sent along with the memo. The presentation was to include the institution's philosophy, objectives, course description, outline and sequence.

X. Attended a meeting of the Interim Administrative Committee on September 12.
Topics:
A. Budgeting for the rest of the "seed" money from the State.
B. Faculty release Time
C. Utilization and future need of consultants
D. Faculty curriculum workshops

XI. During the Interim Committee meeting a copy of the 3rd draft of the proposal for funding to Kellogg was presented to the members along with a copy of recommendations on the proposal from Dr. Kintgen-Andrews. Members were asked to review the draft and the comments from Dr. Kintgen-Andrews and to return the draft with their suggestions to Dr. Gulledge as soon as possible.

XII. Proposal to Kellogg was reviewed and sent with recommendations to Dr. Gulledge.

XIII. Attended meetings of Nursing Faculty, (BSN, ADN, LPN, and NA), service representatives, and State Board of Nursing members on September 18th and 19th, at PJC.
A. Institutions not represented - Florida A & M University and Tallahassee Community College
B. Notes from meetings compiled and sent to Dr. Gulledge
C. Role of those attending sent to Dr. Gulledge
D. Evaluation questionnaire prepared and given to faculty members at PJC meeting.

XIV. Inventory of faculty experience collected, (not all inventories received yet).

XV. Review of "Directions for Preparing Final Reports Supported by the Bureau of Vocational Research", and meeting with Dr. Gulledge on starting the final report on the consortium project.

XVI. Started working on final report.

XVII. Started review of faculty inventory sheets.

FLORIDA REGION I
HEALTH OCCUPATIONS EDUCATION CONSORTIUM
COORDINATOR'S LOG
OCTOBER, 1980

I. Part of this month was spent reading literature brought by Dr. Kintgen-Andrews during her stay as Consultant to the Consortium.

II. Data from the faculty which was formulated in September was tabulated and results sent to Dr. Gulledge and Ms. Knight. (Survey only partially complete at this point.)

III. Regional nursing schools were contacted by phone and asked to send in survey as soon as possible since only a few have been received.

IV. Suggestions for the third draft of the Kellogg proposal were sent to Dr. Gulledge.

V. A review of Chipola's new curriculum, (modeled after the New York Regent's Terminal objectives), was done.

VI. Dr. Kintgen-Andrews report, as Consultant, was reviewed.

VII. PJC contacted, (Ms. Allen), to assess progress made in curriculum revision.

FLORIDA REGION I
HEALTH OCCUPATIONS EDUCATION CONSORTIUM
ASSISTANT COORDINATOR'S LOG
NOVEMBER, 1980

I. Twelve more faculty survey forms were received this month. A retabulation was done to include the new faculty information.

II. Copies of all faculty survey forms were sent to Ms. Mary Knight along with the current tabulation sheet.

III. Phone contact was made with several faculties to remind them to send in their survey forms.

IV. A meeting of the Interim Administrative Committee was held November 5 - minutes were submitted to Dr. Gulledge and then distributed to Interim Administrative Committee members.

V. Finalization of the Kellogg proposal for funding was accomplished.

VI. A progress report was prepared, covering the period of April, 1980, to November, 1980, and sent to Advisory Committee members.

VII. Phone contact was made with Consortium representatives at each institution to check on signatures of support from the presidents or superintendent from that particular institution.

VIII. Contact was made with Dr. Jean Kintgen-Andrews for the purpose of scheduling a return visit to PJC for one week as Consultant.

IX. Contact was made with Dr. Ruth Weiss for the purpose of conducting a workshop on nursing curriculum revision for faculty members in this Region next spring.

PROBLEMS ENCOUNTERED DURING THIS PERIOD:

1. Faculty failure to return survey forms.
2. Ms. Knight has not sent faculty survey forms that she collected.

POSITIVE ASPECT:

1. Finalization of Kellogg proposal.

FLORIDA REGION I
HEALTH EDUCATION CONSORTIUM
ASSISTANT COORDINATOR'S LOG
DECEMBER, 1980

I. Telephone contact was made with Dr. Labadie, FAMU, Mr. James Jordan, Escambia County, Mr. Bill Slocumb, Haney Vo-Tech., Dr. Ellsworth, UWF, Mr. Wayne Saunders, WHAVTC, Ms. Binger, TCC, Dr. Young, Dr. Baber, regarding the letter of support from Presidents and Superintendents not received by the deadline.

II. Recontact was made with Mr. Jordan, Escambia County, Dr. Labadie, FAMU, regarding the absence of the letter of support.

III. A visit was made to PJC on December 10 to review the accomplishments of Ms. Allen and Ms. Jones.

IV. Organized Consortium material collected during time period from April, 1980, - December, 1980, for use of future Consortium Director.

Appendix F

Workshops

M E M O R A N D U M

TO: Nursing Faculty
(BSN and Nursing Assistant Programs)
Florida Region I

FROM: Earl N. Gulledge

DATE: September 9, 1980

SUBJECT: Florida Region I Health Education Consortium
Nursing Educators Meeting

A meeting of the nursing faculties for the Health Education Consortium will be held on the 18th and 19th of September, in Pensacola, Florida. The purpose of this meeting will be to familiarize the faculty members of each Nursing and Nursing Assistant Program with the content and philosophy of other programs in this Region. It is important that a faculty member from your institution attend and participate in this meeting.

For those of you traveling out of town, milage, (one car per institution), plus $40.00 per diem for each individual, will be reimbursed by the Consortium. Out of town participants are encouraged to stay at the Rhodeway Inn, 710 Palafox, 904-438-4922. Rates are: double room, 2 persons per room = $24.00, single = $20.00.

Meetings will be held at Pensacola Junior College, Warrington Campus, on Highway 98 West, Thursday, September 18th, 11:00 AM - 4:00 PM, and Friday, September, 19th, 8:00 AM - 12:00 noon.

ENG/mlb

NOTES ON
REGION I HEALTH EDUCATION CONSORTIUM
NURSING FACULTY MEETING AT PJC
SEPTEMBER 18, 1980

The meetings of the 18th and 19th were devoted to the presentation of the nursing programs in the region to familiarize the faculty of each school with other schools of nursing in the region.

A. Nursing Assistant Presentation - LaNita Hill, Haney Vo-Tech, Panama City, FL.
  (1) 43 programs in the state
  (2) enrollment of 5,000 person/year
  (3) employment rate of nursing assistants in Bay County is is 100%
  (4) all programs in the region use the same nursing assistant's book
  (5) Region I has eight nursing assistant programs
  (6) location - vo-tech centers and high schools
  (7) not all the nursing asistant programs in region are operating at present
  (8) nursing assistant instructors in the region complain that they are the recipients of the "left over" money from the budget and are therefore short of funds for equipment
  (9) another complaint of the nursing assistant instructors is that there is a great lack of prestige and recognition, on the part of other medical personnel, for the nursing assistant and nursing assistant instructor in the services they render and the knowledge they possess
  (10) Haney's nursing assistant program is 4 hours/day - 5 days/week = 20 hours/week
  (11) entrance level for nursing assistant
  Reading comprehension level - 8th grade - required entrance for nursing assistant programs in region. Encourage GED or high school diploma.

The specialty area will depend upon faculty available.

LAURAL BOYD - University of West Florida

- 45 quarter hours in nursing
- 45 quarter hours in non-nursing credits
- clinical experience must be in sequence
- many part-time students
- has a senior level course that allows a focus in one are of nursing
- emphasis is placed on the leadership managerial role in nursing

Acceptance

- faculty looks at working experience
- and at previous grades

Some courses will be offered at night on an alternating quarter basis

Discussion

- on student choice of entrance into various kinds of nursing programs. all faculty agree on the extremely poor counseling or advisement at the high school level as well as at some vo-tech centers, junior colleges, and universities

MERN HENRY - Member State Board of Nursing - Report on Board activities

- discusses the possibility of PJC's LPN program being used as a pilot program for Consortium activities - Ms. Henry referred request to Ms. Ruth Stiehl
- discussed record keeping of CEU's

Nursing Faculty Present
ADN-LPN Faculty Meeting

September 18, 1980

Dr. Jack Young, Dean of Health Related Studies	Pensacola Junior College
Dr. Richard Bedics, Dean of Instruc. Services	Pensacola Junior College
Eunice Braxton, LPN	Washington-Holmes AVTC
Lola Jones, LPN	Pensacola Junior College
Nell Rawls, LPN	George Stone VTC
Dolly Partridge, Director of Education	Baptist Hospital
Betty Gaskin, Coordinator, LPN	Haney VTC
LaNita Hill, NA & LPN	Haney VTC
Susan Veshozky, LPN	Haney VTC
Marilyn Holly, LPN	Haney VTC
Joan Futch, Ass't. Dir. Nursing Tall. Mem. Hos.	Florida State University
Joan McGovern, Coordinator, ADN	Pensacola Junior College
Lola Jones LPN	Pensacola Junior College
Pansey Harris, ADN	Pensacola Junior College
Katherine Goldsmith, LPN	Pensacola Junior College
Barbara Farill, LPN	Pensacola Junior College
Margaret McCurdy, Coordinator, LPN	Pensacola Junior College
Irene Workman, ADN	Pensacola Junior College
Mary Ann Hunter, ADN	Pensacola Junior College
Joyce Higginbotham, LPN	Pensacola Junior College
Gladys Nunnan, NA	Pensacola Junior College
Ann Syfrett, Coordinator Allied Health, ADN	Gulf Coast Comm. College
Sharon May, Nursing Coordinator, ADN	Gulf Coast Comm. College
Eddie Peppler, ADN	Pensacola Junior College
Carmen Schlaffer, LPN	Pensacola Junior College
Brenda Dean, LPN	Chipola Junior College
Gwen Connor, LPN	Chipola Junior College
Orpha Russell, LPN	Lively VTC
Mary Knight, Consultant	Department of Education
Jean Kintgen-Andrews, Project Director	ARNEC
Meegan Page, Assistant Coordinator	FL Reg. I Health Ed. Consortium

Institutions Not Represented: Tallahassee Community College
Florida A & M University

NOTES ON
REGION I HEALTH EDUCATION CONSORTIUM
NURSING FACULTY MEETING
SEPTEMBER 19, 1980

JOAN FUTCH - Assistant Director Tallahassee Memorial Hospital - Representing FSU as a graduate of the Curriculum of Attainments Program.

FSU's Curriculum of Attainments

- 12 terminal competencies
- 34 packets
- progress at your own speed
- each student assigned a mentor, (faculty member)
- can start with any packet
- must do 7 quarters of work - but at your own speed
- no grades on packets - only satisfactory or unsatisfactory
- after the student finishes all the packets he/she applies for the jury (Jury made up of 4 faculty members) during this time clinical practice exams done and oral exams
- grades for each course are assigned at the end of jury time (until now you have no indication what letter grades you have)
- if you fail jury - you fail
- all classes are in the day
- Ms. Futch stated that in her opinion a student could not, at present, live outside the Tallahassee area and complete the Curriculum of Attainments
- an article in Nursing Outlook 1979 discusses how the selection of clients and patients is accomplished at the time of jury

Plans are being made at present to develop outreach or satellite Curriculum of Attainments Program.

If a master's program is initiated at FSU, 3 areas will be offered:

(1) Administration
(2) Education
(3) A Specialty Area

Betty Gaskin - nursing assistant and LPN programs at Haney work closely together - lesson plans and objectives shared between programs - very important in forming lines of communication.

Discussion of reasons for time schedule

(1) student employed part-time - financial consideration
(2) many students are married and have children and must be home when children arrive from school - family consideration

PJC - Nursing assistant classes six hours/day - four days/week = 24 hours/week

The training time in the region varies from program to program.

G. Nunnari - PJC, NA

What are N.A. allowed to do in the health care settings?
Response was extremely varied.

D. Partridge - Director of Education, Baptist Hospital, Pensacola, FL

N.A.'s at Baptist do very little skilled care
bedmaking, distribution of H20, ice
give baths
usually one assistant per floor

J. Futch - Assistant Director of Nursing, Tallahassee Memorial Hospital, Tallahassee

TMH has three levels of nursing assistant
General Nursing Assistant
Nursing Technician
Nursing Specialists - highest level
depending on the level these assistants: chart, catheterize patients,
do vaginal exams, responsible for orthopedic traction, neuro checks

The nursing assistant moves up the ladder with on the job training, special inservice classes at TMH or depending on past experience - (knowledge from past experience must be proved or demonstrated at TMH).

M. McCurdy - PJC, LPN

Male and female nursing assistant - role is different at most institutions once they have been graduated. Male nursing assistant expected to do catheterizations on male patients How do the schools prepare them for this? Most institutions have O.J.T. for these specialized tasks.

Summary - Dr. Andrews:

(1) Close relationship from one level to another extremely important in determining knowledge of nursing assistant.
(2) Programs in the region have a common core - books and a average of 240 hours per program.
(3) Some institutions in region provide continuing education and professional and salary advancement for the nursing assistant.

LPN Presentation - Orpha Russell, Lively Vo-Tech, Tallahassee, FL

(1) PN programs started about 1940
(2) PJC was the first PN program in Region I
(3) Variables in Region's schools
    (a) long range objective
    (b) interpretation of course content
    (c) depth in teaching
    (d) methods and techniques in teaching

(4) There is a statewide curriculum for LPN - so transfer from one LPN program to another should be easily accomplished, 50-50 split, 1/2 theory - 1/2 clinical, set by State Board.

Panel discussion by LPN instructors.

Gaskin - Haney - again stressed the importance of cohesiveness of programs

N. Rawls - George Stone AVT

(1) her program is a "feeder" program for the PJC LPN programs
(2) the first 450 hours of the PN program taught at George Stone
(3) this program is longer due to the fact t is set up for half-days to make it easier and less expensive for those who have families and problems with finances

G. Conner - Chipola LPN

- Chipola has attempted to perform clinical evaluation according to the N.Y. Regents External Degree Program, utilizing the "critical elements" in clinical performance and testing
- evaluations are set at different intervals in the course
- separate teaching from evaluation

E. Braxton - WHAVTC

- Only one teacher for the PN program

M. McCurdy - PJC LPN

- PJC has many PN programs going at once - two satellite programs (Jay and Milton)
- difficulty in scheduling clinical experience for all PN training

Do the programs in Region I attempt to meet the special needs of the institutions in the area? - yes - emphasis is placed on the area of special skill or need for a certain area even though this may not be required by State Board.

ADN Programs

PJC - Joan McGovern

(1) Curriculum Outline

70 semester hours
720 clinical hours
length - 5 semesters - 20 months
graduate two classes per year

(2) Three ADN Programs
- (a) regular admission - student with no nursing background
- (b) fundamental exempt - an LPN who tests out on the fundamentals course - does not shorten the total time till graduation only the number of courses taken
- (c) career mobility students - LPN's that take prerequisite courses, (chemistry, english, micro, psycnology, and anatomy and physiology), before starting nursing courses. 480 clinical hours (decrease) 56 credit hours

(3) 2:1 ratio on clinical hours to credit hours

(4) clinical grading on a pass-fail basis only

(5) will transfer nursing courses with three years recency with a syllabus and course outline from the other school of nursing

(6) other courses accepted depending on the particular departments approval

(7) orientation days required for applicants after they are admitted

(8) Nelson-Denny Reading Test - 13th level reading required for admission - students given a second chance if at the 12 grade level

(9) high degree of motivation gives extra points for picking applicants

(10) math test aimed at the 8th grade level - 90% correct required - second chance also given

(11) multisensory lab - extremely important in teaching student as a whole person - using all his senses, but care must be taken that this does not take the place of the instructor - 1:1 contact.
Also it is easy to go "overboard" with videotape.

(12) curriculum does allow for certain amount of specialization in elective courses

(13) August 1980 - 75 students admitted
January 1980 - 60 students admitted
plus 15 career mobility sutdents per year

(14) health related work experience - extra points for applicant

Gulf Coast - Sharon May (see conceptual framework handout)

Admission Criteria

(1) ACT 14-16
(2) 12 grade reading level
(3) GED or high school diploma
(4) 2.0 - GPA in any college courses taken
(5) high school chemistry - 1 year or basic chemistry at GCCC

Students

(1) direct from high school
(2) part-time general education - then apply to nursing program
(3) LPN students allowed to exempt foundation
(4) primary readiness program for the disadvantaged - 20 students take general education, and remedial work, helpful financially and much guidance and support given - new program - grant funded at one year it is hoped that these students will qualify for admission to nursing program
(5) only one class per year - Fall, 50-55 students
(6) clinical: credit hour ratio 3:1

Have started work on a new integrated curriculum - effective August 1981

(1) to provide easier access for students and instructors to clinical experience
(2) consortium plans kept in mind, this curriculum can be varried fairly easily

Institutions utilizing Gulf Coast Community College graduates have expressed a need for these grads to have more team leading and managerial tasks orientation and experience in training.

Dr. Andrews -

(1) PJC - provides for a certain amount of clinical specialization
(2) Gulf Coast - curriculum approach changing to an integrated one
(3) both multisensory and individualized

Nursing Faculty Present
ADN-LPN Faculty Meeting

September 19, 1980

Joan Futch, Ass't. Dir. Nurs., Tall. Mem. Hos.	Florida State Univ.
Ann Syfrett, Coordinator Allied Health, ADN	Gulf Coast Comm. Colle
Sharon May, Nursing Coordinator, ADN	Gulf Coast Comm. College
Brenda Dean, LPN	Chipola Junior College
Gwen Conner, LPN	Chipola Junior College
Joan McGovern, Coordinator, ADN	Pensacola Junior College
Lola Jones, LPN	Pensacola Junior College
Delores Pfalzer, LPN	Pensacola Junior College
Joyce Higginbotham, LPN	Pensacola Junior College
Betty Creel, LPN	Pensacola Junior College
Katherine Goldsmith, LPN	Pensacola Junior College
Margaret McCurdy, Coordiator, LPN	Pensacola Junior College
Betty Allen, ADN	Pensacola Junior College
Eddie Peppler, ADN	Pensacola Junior College
Carmen Schaffer, LPN	Pensacola Junior College
Irene Workman, ADN	Pensacola Junior College
Pansey Harris, LPN	Pensacola Junior College
Mary Ann Hunter, ADN	Pensacola Junior College
Barbara Farill, LPN	Pensacola Junior College
Betty Ann Atkinson	Service-Private Physician
LaNita Hill, ADN & LPN	Haney V-T
Susan Veshky, LPN	Haney V-T
Marilyn Holley, LPN	Haney V-T
Betty Gaskin, Coordiator, LPN	Haney V-T
Orpha Russell, LPN	Lively V-T
Nell Rawls, LPN	George Stone AVT
Dolly Partridge, Director of Educaion	Baptist Hospital
Eunice Braxton, LPN	Washington-Holmes AVTC
Laurel Boyd, Head of Nursing, BA	University of West FL
Mary Knight, Consultant	Department of Education
Jean Kintgen-Andrews, Project Drector	ARNEC
Meegan Page, Asistant Coordinator	FL Reg I Health Cons.

Appendix G

Faculty Inventory

FACULTY INVENTORY

NAME ______________________ NURSING PROGRAM ______________________

1) Outline your experience as a nursing faculty member, beginning with your present position and "working back."

Dates	Position	Type of Program	Major Responsibilities	Employing Agency	Location

2) Approximately how many years of experience in nursing have you had exclusive of your experience as a faculty member? ______________

3) What is the highest degree you have obtained? ________ Degree ________ Field

4) If you are currently working on a degree, indicate degree and field.

______________ Degree ______________ Field

5) List courses and workshops related to curriculum development in which you have participated over approximately the past five years.

Faculty Inventory (cont'd)
Page 2

Dates	Title of Course	Major aspects of curriculum development treated	Credit allotment or length	Agency Sponsoring Offering

6) List the curriculum development activities in which you have been involved over approximately the last five years?

7) What books or articles about curriculum development that you have read over approximately the past five years do you consider important? (Exact references not necessary)

FLORIDA REGION I HEALTH EDUCATION CONSORITUM
FACULTY EXPERIENCE
SURVEY*

I. Number of Responses

A. Individual Schools

1.) PJC - LPN	11
2.) PJC - ADN	3
3.) GCCC - ADN	6
4.) TCC - ADN	
5.) GSAVTC - LPN	
6.) WHAVTC - LPN	1
7.) CHIPOLA - LPN	
8.) Lively - LPN	
9.) UWF - BSN	
10.) FSU - BSN	
11.) FAMU - BSN	
12.) LIVELY - NA	
13.) PJC - NA	2
14.) HANEY - LPN	2
15.) HANEY - NA	1

B. Kinds of Programs (number of responses from each)

1.) BSN	0
2.) ADN	9
3.) LPN	14
4.) NA	3

C. Total Number of Responses 26

II. Faculty Experience

A. Range of nursing education experience

1 month to 33 yrs. Average 11 yrs.

B. Range of other kinds of nursing experience

0 to 21 yrs. Average 10.3 yrs.

III. Faculty Teaching Experience

A. Number of different programs at which faculty member taught

1.) Taught at 1 school	16
2.) Taught at 2 schools	6
3.) Taught at 3 schools	2
4.) Taught at 4 or more schools	2

B. Experience in different kinds of nursing programs (different levels)

1.) Taught at 1 kind of program	15
2.) Taught at 2 kinds of programs	10
3.) Taught at 3 kinds of programs	0
4.) Taught at 4 or more kinds of programs	1

IV. Faculty Education

A. Highest level of nursing education

1.) Diploma	12
2.) A. D.	1
3.) B. S. N.	11
4.) M. S. N.	2

B. Highest non-nursing degree held

1.) B. S. Voc-Tech Ed	4
2.) B.S. Psychology	1
3.) B. S. Education	1
4.) M. S. Health Ed.	1
5.) M. S. Education	3

TOTAL ________

C. Number currently working on degree

1.) E. D. 1

2.) M. S. Counseling 3

3.) M. S. Voc Ed 1

4.) B. S. Voc. Ed. 3

5.) B. A. Health Ed. 3

V. Curriculum Development Experience-Knowledge (5 years recency)

A. Courses and workshops

1. Average number of workshops attended relating to curriculum development

Range 0 to 8 Average 1.92

2. Number of faculty members who attended workshops 19

B. Curriculum development activities

1.) Number of faculty involved in an individual course development 12

2.) Number of faculty involved in extensive curriculum development 4

C. Faculty - independent study in curriculum development

1.) Number who have done extensive reading 9

2.) Number who have done some reading 9

3.) Number who have done little or no reading in this area 8

*This survey is incomplete

Appendix H

Consultant Reports

177 Windsor Court
New Brighton, MN, 55112
August 4, 1980

Dean Earl N. Gulledge
Okaloosa-Walton Junior College
100 College Boulevard
Niceville, FL 32578

Dear Dean Gulledge:

I apologize for not responding earlier but my move to Minneapolis was more complicated than I anticipated. Today I have a borrowed desk and some borrowed writing supplies.

At this point I have estimated the expenses I would incur in connection with the assignment proposed by you and Mary Knight. I believe the following are very conservative:

Air Fare (Super Saver is already sold out)	$398.00
Meals at $7.00 per day x 28 days	196.00
Hotel at $98.00 per week x 4 weeks	392.00
Car rental	680.00
Gas	100.00
	$1,766.00

As I indicated earlier, I calculated my present university salary on a daily basis and arrived at the figure of $145.00 per day. Because I feel that the work that has been outlined is interesting and challenging and because I am interested in dissiminating information about our experience in the Agassiz Region, I am not concerned about holding to my regular salary figure. Therefore, I would like to propose a fee of $130 per day. $130 per day x 20 days would be $2,600 for the contract period (August 25, 1980 through September 19, 1980).

It is my understanding that you prefer to negotiate in terms of a total contract. Therefore, I would propose the amount of $4,366 ($2,600 fee plus $1,766 estimated expenses).

If you have any questions about my rationale or calculations, please feel free to contact me. My home address is as indicated on this letter. I do not have a home phone as yet but I will be on campus during the week of August 11 and my office number (University of Minnesota) is 612/373-8217. I look forward to hearing from you and participating in your interesting project.

Sincerely yours,

Jean Kintgen-Andrews

PENSACOLA JUNIOR COLLEGE

MEMORANDUM

TO: Dr. Earl N. Gulledge, Dean
Okaloosa-Walton Junior College

FROM: Jean Kintgen-Andrews, PhD, R.N.
Consultant for Nursing Consortium Project

DATE: September 3, 1980

SUBJECT: Report; invoice

This is an invoice for one-half of contracted price authorized in purchase order #29145.

A report of my activities from August 25th through September 2nd is attached.

JKA:ef
cc: Dr. Jack Young
Ms. Mary Knight

REPORT OF CONSULTANT ACTIVITY
SUBMITTED BY
Jean Kintgen-Andrews
9/3/80
for period
8/25 - 9/2/80

Monday - 8/25	Met dean and nursing faculty members of Pensacola Junior College. Developed tentative plan of operation with faculty representatives.
Tues. - 8/26	Met with directors and representatives of PJC nursing faculties. Further developed work plan. Set forth and elicited discussion on alternative approaches to educational mobility in nursing. Outline ARNEC Program as an example of a curriculum reorganization approach. The concrete example elicited discussion of philosophies, anticipated advantages and problems, etc.
Wed. - 8/27	Met with PJC faculty representatives (and directors as they were able to schedule time). Returned to discussion of alternative approaches. Faculty representatives indicated that their preference has been and continues to be curriculum reorganization. Proceeded to outline and discuss a curriculum development process which could be utilized at PJC. Special attention was given to a process presented by Em Olivia Bevis (Curriculum Building in Nursing, a Process, Mosby, 1978). Began work on a statement of philosphy. Abstracted statements from PN and AD Programs at PJC. Developed a tool for faculty input. Representatives are communicating with their respective faculties.
Thurs. - 8/28	With Mary Knight, met with Dean Gulledge at OWJC and the nursing faculties of the PN and AD programs in Panama City. Secured basic information about the programs and elicited faculty input about their desires for their respective programs and their opinions about articulation.
Fri. - 8/29	Visited faculty of the PN and AD programs in Tallahassee as well as the baccalaureate programs of FSU and FAMU.
Sat. - 8/30	Read Consortium proposal and began work with Mary Knight on Agenda for 9/8 Consortium Faculty Meeting.
Sun. - 8/31	Continued work with Mary Knight on 9/8 Agenda.
Tues. - 9/2	Met with PJC - PN and AD faculty representatives. Began work on development of a common conceptual framework including beginning work on a tool of faculty input.

CC: Dr. Jack Young
Mary Knight

PENSACOLA JUNIOR COLLEGE

MEMORANDUM:

TO: Dr. Earl N. Gulledge
Okaloosa-Walton Junior College

FROM: Jean Kintgen-Andrews, Ph.D., R.N.

DATE: September 17, 1980

SUBJECT: Consulation, Region I Consortium -- Report; Invoice

This is an invoice for one-fourth of contract price authorized in Purchase Order #29145.

A report of my activities from September 3 through September 16 is attached.

elc

cc: Dr. Jack Young
Ms. Mary Knight

REPORT OF CONSULTANT ACTIVITY

Submitted by
Jean Kintgen-Andrews
September 17, 1980
for period
September 3, 1980 - September 16, 1980

Activity for this period related to three areas:

1. review of project proposal
2. preparation for an implementation of the first conference involving Region I nursing faculty (in this activity, I worked closely with Mary Knight)
3. continuing work with Pensacola Junior College faculty

The outcome of reviewing the project proposal were the comments and recommendations submitted to Dean Gulledge on September 9, 1980 and distributed to the Administrative Committee by Dean Gulledge on September 12, 1980.

Preparation for the faculty conference resulted in the agenda presented to Dean Gulledge on September 9, 1980. A major activity during the conference was the review by nursing faculty members of an analysis of faculty activity which had been prepared on the basis of the proposal draft and dialog with individual faculty groups during the week of August 25. The analysis was presented in the form of a timetable and served to stimulate faculty input.

Work with Pensacola Junior College faculty has moved through several phases of curriculum development:

1. formulation of a common philosophy and conceptual framework
2. general agreement upon level objectives (nursing assistant, practical nurse, associate degree nurse)
3. presentation of alternative plans for curriculum articulation

A great deal more time will have to be invested in all of the above in order to construct a foundation for the complex tasks of developing, refining, and revising curriculum components and finally implementing the total curriculum.

The activity at Pensacola Junior College has integrated workshop techniques aimed at developing knowledge about and skill in curriculum development. Participants have been supplied with reference lists and other aids.

UNIVERSITY OF MINNESOTA

October 7, 1980

Dr. Earl N. Gulledge, Dean
Okaloosa-Walton Junior College
100 College Boulevard
Niceville, FL 32578

Dear Dean Gulledge:

Enclosed is my third report. I apologize for the fact that it is late but I have now recognized that I took on this task at a rather unrealistic time in light of having just moved a household and continuing to be in the process of bringing closure to the project here.

If you or your colleagues have any questions about the enclosed please don't hesitate to get in touch.

In spite of the difficulty of leaving Minnesota when I did, the time I spent in Region I was tremendously interesting and rewarding. I particularly enjoyed my work at PJC and am impressed with the spirit and productiveness of the people there. I look forward to keeping abreast of your accomplishments.

Sincerely,

Jean Kintgen-Andrews

sgh

cc: Mary Knight
Dr. Jack Young

REPORT OF JEAN KINTGEN-ANDREWS

to the

REGION I HEALTH OCCUPATIONS EDUCATION CONSORTIUM

September 29, 1980

This report picks up on the two previously submitted reports and the materials prepared for the meeting of the Administrative Committee on September 12, 1980.

Activities September 17 through September 19

Wednesday September 17 was devoted to terminating work with the PJC faculty representatives and, with Mary Knight, completing plans for the September 18-19 faculty conference. September 18 and 19 were spent in assisting in the implementation of the conference (Agenda attached) and discussing progress over the past four weeks with Mary Knight.

Comments and Recommendations

These comments and recommendations are in addition to those presented at the September 12 Administrative Committee meeting. They are the result of further experience with the project and study of the situation at this time.

I. The Proposal

On reading through the draft of the proposal distributed on September 12, I realized that the comments I had already submitted are actually applicable to this draft since I had been provided with both the earlier draft and suggestions for its revision which are now part of the draft distributed on September 12.

Proposal Format

If the present format is to be used, an abstract of 3 pages or less would be helpful to reviewers. In addition, I would strongly recommend that the methodology be outlined in the form of some type of timetable. (I developed an example during my visit which was reviewed by faculty members and presented at the September 12 meeting.)

Feasibility of Timetable

Having reviewed the timetable referred to above, I believe it is realistic but ambitious--particularly with respect to the work to be accomplished by PJC this year.

Parameters of Methodology Statement

The statement should indicate generally how the authors envision objectives will be accomplished. Care should be taken not to get into decision-making that is really part or the project. For instance, I believe it is inappropriate to indicate that specific products of another project will be adopted. On the other hand, it is well to convey a knowledge of existing materials which may be useful.

Budget

The budget should relate clearly to the activities outlined in the timetable. The amount allocated to faculty released time for curriculum development should be estimated with particular care in these terms. The tentative scheduling of faculty released time for budgetary purposes should also receive careful attention. On the basis of my experience, I would suggest you consider some lead time for the project director before faculty are released. Likewise, if a nucleus of faculty are to assume major responsibility for curriculum development, this group should probably be released in advance of others with lesser responsibility in the project. Many approaches might be taken but, particularly in the early stages of the project, funds will be better utilized if leadership is adequate.

One area of budget which I do not believe can be emphasized enough is faculty development. Faculty members engaging in a project of this complexity will have continuing needs to develop their understanding of and skill in curriculum development. Even a very effective Project Director will not be able to meet all of these needs. Incidental assistance, workshops especially tailored for groups in Region I, and workshops planned by other agencies that meet particular needs will be important.

II. Administrative Support

One member of the Administrative Committee raised the question of what administrators can do to support faculty efforts. One very important service is to exert a strong effort toward perceiving the effects of administrative actions, structure, policies, etc. upon curriculum work by faculty. It is not unusual for faculty members engaged in a project such as this one to verbalize a philosophical base for a particular position when actually they would commit themselves to a more progressive position if they were not concerned about such issues as loss of job security or loss of individual or group identity in the institutional structure. Very often the persons involved are convinced that they are acting on the basis of the philosophical commitment. An administrator who identifies the problem and then acts creatively to alleviate the concern and free up the thinking of the faculty member(s) performs an invaluable service. While attentiveness and imagination of this kind are a great deal to ask of busy administrators, anyone who has been a project director in this kind of endeavor can probably list several crucial occurences of the kind described.

III. Faculty Development during 1980-81

I continue to believe that a basic workshop on curriculum development during the year would be an excellent investment of funds. In my opinion, the major objective should be an understanding of the idea of a conceptual framework and the ramifications of the idea for the curriculum development process. The participation of faculty members in the September 18-19 program documented a definite need in this area. If attendance were not compulsory, faculty members who believe that they do not need the workshop may not apply to attend. The number who have acknowledged such a need seems to be sufficient to warrant this offering. The "faculty inventory" which was started during my visit should provide further documentation of the need. I know one nursing educator who I am confident would offer a very good workshop; I am sure others can be identified.

Agenda
Region I Health Occupations Consortium
September 18-19, 1980
Pensacola Junior College - West Campus

September 18, 1980

11:00	-	Introduction - Joan McGovern Welcome - Jack Young
11:30	-	Nurse Assistant Programs in Region I - LaNita Hill
11:45	-	Nurse Assistant Panel - Maxine Doster, Nina Lewis, Mary Frances McClain, Gladys Nunnari
12:10	-	Summary - Jean Andrews
12:15	-	Licensed Practical Nursing in Region I - Orpha Russell
12:40	-	Lunch
1:40	-	Practical Nurse Panel - Eunice Braxton, Gwen Conner, Betty Gaskin, Margaret McCurdy, Nell Rawls
2:30	-	Summary - Jean Andrews
2:40	-	Pensacola Junior College ADN Program - Joan McGovern
3:20	-	Break
3:35	-	Gulf Coast Community College ADN Program - Ann Syfrett
4:15-5:00	-	Discussion and Wrap-up - Jean Andrews

* * *

September 19, 1980

7:45	-	Coffee & Donuts
8:00	-	Introduction - Margaret McCurdy Welcome - Dr. Earl Gulledge
8:15	-	Tallahassee Community College ADN Program - Marie Bruner
8:55	-	Summary of ADN Programs - Jean Andrews
9:35	-	Break
9:50	-	FSU Nursing Programs - Joan Futch
10:30	-	FAMU Nursing Program - Georgie Labadie
11:10	-	West Florida Nursing Program - Laurel Boyd
11:50-12:30		Evaluation - Jean Andrews

177 Windsor Court
New Brighton, MN 55112
November 30, 1980

Dr. Earl N. Gulledge, Dean
Okaloosa-Walton Junior College
100 College Boulevard
Niceville, FL 32578

Dear Dr. Gulledge:

I am looking forward to working with the "PJC people" during the week of December 8. Betty Allen and Lola Jones have outlined their priorities and the information will be helpful in planning.

As you requested, I am listing projected expenses and my fee:

Air Fare Minneapolis - Pensacola	$424.00
Cabs (Minneapolis)	24.00
Motel (5 nights)	100.00
Meals	35.00
Car rental and gas	136.00
Fee $135.00 per day x 5	675.00
	$1,394.00

I am really eager to "catch up" with the project and modifications of the above will be acceptable. Perhaps you should not forward any papers here. I will stay at the Circle Motor Inn again.

Sincerely,

Jean Kintgen-Andrews

177 Windsor Court
New Brighton, Minnesota 55112
December 12, 1980

Dr. Earl Gulledge, Dean
Okaloosa-Walton Junior College
100 College Boulevard
Niceville, FL 32578

RE: Purchase order #30019

Dear Dean Gulledge:

Enclosed is the report of my consultant activities with the Pensacola Junior College nursing faculties.

My expenses were considerably less that I anticipated, primarily because I stated at a downtown motel and did not need to rent a car for the entire week. Therefore, I wish to request payment on the amount of $1,221.00 instead of $1,394.00 as discussed originally.

Again, my involvement was interesting and rewarding. I will look forward to further information about the progress of the project. Best wishes for the holidays.

Sincerely,

Jean Kintgen-Andrews

PENSACOLA JUNIOR COLLEGE
NURSING PROGRAM
ARTICULATION PROJECT:
CONSULTING VISIT BY JEAN KINTGEN-ANDREWS
12/8/80 - 12/12/80

The primary purpose of this visit was to work with nursing faculty members of Pensacola Junior College in their curriculum development activitries. The comments which follow relate to materials developed by PJC nursing faculty members relating to philosophy, conceptual framework, and competencies; appraches to curriculum design for the articulated program, Levels I, II, and III; organizational curriculum design for the articulated program, Levels I, II, and III; organizational and administrative factors related to the development of an articulated program.

Materials Developed by PJC Nursing Faculty Members

These comments relate to the 12/5/80 draft of statements on philosophy, conceptual framework, and competencies.

Since September, considerable progress has been made in formulating and expressing faculty ideas. The challenge at this point seems to be some reorganization so that all nursing faculty members will actively utilize the important substance of the document as they proceed with their specific responsibilities for curriculum development in the next months.

An approach which might be considered in simplifying the document is to organize the content under three main headings: PHILOSOPHY, MAJOR ELEMENTS INFLUENCING CURRICULUM DECISIONS, and LEVEL COMPETENCIES. The following possible outline elaborates upon this approach:

I. Philosophy
II. Major Elements Influencing Curriculum Decisions

    A. Setting
        1. Facts
        2. Implications for PJC curriculum based upon above facts and stated philosophy
            (a) Responses to nature of setting in existing nursing curricula.
            (b) Responses to nature of setting which might be incorporated into new curricula.

    B. Students
        1. Facts
        2. Implications for PJC curriculum based upon above facts and stated philosphy.

C. Knowledge to be acquired (nursing knowledge)
    1. PJC definition of nursing incorporationg "big ideas" agreed upon by nursing faculty members (currently, physical and psychosocial needs, human development through the life-span, homeostasis, nursing process).
    2. Implications for PJC curriculum based upon foregoing definition and stated philosophy.
        (a) Implications for overall curriculum design.
        (b) Implications for organization of individual courses.

III. Level Competencies
    A. Introduction or Prologue.
    B. Level Competencies.

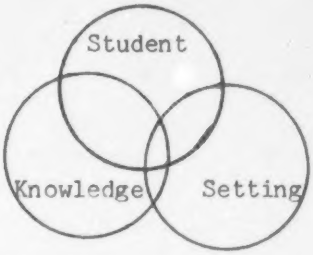
The approach described would result in the movement of content presently under the heading "Patient" to the section on nursing knoweldge. Content entitle "Major Elements Influencing Curriculum Decisions." Some of this content would relate to implications of the nature of the setting; some to implications of the nature of students; some to the implications of the nature of students; some to the implications of the PJC definition of nursing.

Likewise, the approach described would probably result in the presentation of content under the present headings "Conscepts Basic to Nursing", "Practitioners", and "Leveling" to a section under "Level Competencies" which would serve as an intgroduction or prologue to the outline of the competencies themselves.

It appears that an effective way to organize the section on "Level Competencies" would be to indicate that all competencies will be listed in terms of the four aspects of nursing process (Assessment, Planning, Implementation, Evaluation). Under "Implementation" (for each level) a statement could be inserted to indicate that the Florida Department of Education classification of technical skills is accepted. The statements adapted from this document by PJC nursing faculty could be attached as a supplement.

Although at this time nursing faculty members seem to prefer the separate listings of nursing process competencies for each level, perhaps further consideration should be given to a side-by-side listing (e.g., listing planning competencies for the nursing assistant, practical nurse, and associate degree nurse side-by-side). This format would probably point up the need for more refined differentiation.

The above suggestions for reorganization are probably not complete without mention of the visual models presented in the draft. The five circle model labelled "curriculum framework" by the primary nursing faculty curriculum developers has stimulated a great deal of productive thinking. As one looks at the advantage of simplicity, however, it seems that perhaps the Chater three circle figure which is much more familiar to nursing educators would better serve faculty members who have not been deeply involved with the process thus far. The three circles would represent the three major elements influencing nursing curriculum decisions referred to above: the setting, the student, the knowledge (nursing). The PJC model also included a circle representing nursing education and circle representing the patient. Actually the area in Chater's model in which the student, setting, and knowledge circles interact might be thought of as representing the nursing education curriculum. See below:



Nursing Education
Curriculum

The PJC curriculum developers have already depicted the patient in the figure which represents the practice of nursing. (see p. 11 of draft).

PJC Curriculum Design

It is probably not timely to comment on the curriculum design which, of course, will flow from the philosophy and conceptual framework described by the curriculum developers. Analysis of the design would be much more meaningful in approximately 6 weeks when those faculty members who have functioned as the primary curriculum developers will have had the opportunity to involve their colleagues in much greater depth. It should be noted that the numerous and extreme faculties have presented real handicaps up to this time. Considering the obstacles, the involvement which has occurred has been quite remarkable. An exceptionally productive discussion by the A.D. faculty was witnessed during this visit. The comments that follow (some general and some specific), therefore, refer to the thinking aobut curriculum design which has been shared:

1. The statements of philosophy and conceptual framework must be actively utilized by all who participate in curriculum development. It is expected that these statements will be revised or modified as the process continues .

2. Faculty members representing the two respective departments (P.N. and A.D.) must be familiar with the programs of both departments---present programs as well as plans for the future. Input must occur across departmental lines.

3. The plan to retain the generic A.D. program as well as the new career mobility model seems to be based upon good rationale. There is a concern that if all individuals were in the position to "spin off" as practical nurses, the number of A.D. graduates could actually decrease. Since the directly opposite effect is anticipated by many, it seems advisable to monitor results for a couple of years. If adequate numbers of practical nurses, the number of A.D. graduates could actually decrease. If adequate numbers of practical nurse graduates are moving on to the second year, it will probably be concluded that concern about retaining the generic program is unfounded.

4. The proposal of two tracks in the LPN program should be considered carefully. Information that has been presented seems to indicate that one track would have advantages, especially since the curriculum developers have been able to arrive at 2 tracks that are so similar. The many implications should be studied carefully.

5. Core courses in the related areas are intended as a basis for nursing and should be placed accordingly. It is acknowledged that some compromises are inevitable.

6. The plan for 2 levels of anatomy and physiology seems to be excellent. Guidelines recently developed by the consultant have been offered to the PJC curriculum developers and further relevant materials will be supplied by mail.

7. The sequence of the behavioral science courses needs to be reviewed. An approach used in the ARNEC program was discussed and may be applicable (Year 1: General/ Developmental Psychology; Year 2: Abnormal Psychology).

8. Consideration should be given to the question of whether the P.N. graduate should receive greater credit for her P.N. level nursing courses than is now planned. (Approximately 14 credits of the A.D. requirement of about 42 nursing credits) An example which raises questions is in the area of the present A.D. course Nursing IV which focuses upon the young family. As presently discussed, the P.N. graudate would take this entire course. Yet, between the P.N. pediatric and obstetric courses, she has invested class and clinical time approximately equal to that of the A.D. student. Does the P.N. course go beyond the Level II competencies as now stated? Is there some way to "dovetail" Level II and Level III content?

9. Care must be taken not to overload the P.N. student at any point. The "rule of thumb" of the requirement of 3-4 hours of total time investment by the student for every academic credit, while not "foolproof," serves as a valid guideline in assessing whether or not a plan is realistic. For instance, if the student is carrying 9 academic credits, her total time investment should be in the neighborhood of 27 clock hours (including in-school and at home activity). How much time is left for the rest of the program?

Organizational and Administrative Factors

PJC has the advantage of the placement of the 2 nursing programs in the same setting. As acknowledged by all, however, these programs and their faculties have been very separate. Recently, an administrative decision was made to maintain the two separate departments and, in view of the current situation, this decision seems to be a sound one. Perhaps, in the future, an equitable plan for combining the departments, such as establishing the positions of two co-chairmen with a rotating responsibility for overall department management, would speak to some existing problems.

In the meantime, the excellent efforts of the two primary curriculum developers to promote interaction between the two faculties must be redoubled. Faculty members in the two departments must know each other and know both programs. Each group must take pride in the offerings of the other. (For some, the P.N. program will be the first year of the A.D. program) The value of sharing expertise across the levels has to be appreciated. The challenge seems to be important enough to call for the investment of time to consciously develop mechanisms for productive interaction.

cc: J. Young, M. Knight, J. McGovern, M. McCurdy, B. Allen and L. Jones

Appendix I

Pensacola Junior College Report

Pensacola Junior College

Nursing Articulation Program

The Pensacola Junior College Departments of Registered Nursing and Medical health have completed a beginning plan for articulation from Nursing Assistant to Practical Nursing to Associate Degree Nursing. If approved by the Florida State Board of Nursing and the Pensacola Junior College Curriculum Committee, this plan will begin January, 1982. The following decisions were made:

1. Continue with both the P.N. generic and the R.N. generic program.
2. Establish an R.N. tract that would begin in the Medical Health Department the first year and continue in the Registered Nursing Department the second year.
3. Adapt Jean Kintgen-Andrew's suggestions to offer a course in General/ Developmental Psychology the first year and Abnormal Psychology in the second year. This eliminates the need for the pre-requisite General Psychology.
4. Grant six (6) weeks credit toward Practical Nursing when the student successfully completes the Nursing Assistant-Hospital Orderly Programs.
5. Grant seventeen (17) academic hours toward the Associate Degree when the student successfully completes the L.P.N. Program.

During the school year 1980-81, a faculty member from each department was released from teaching responsibilities to coordinate the development of the articulation plan. In Term I, the philosophy, conceptual framework, and the levels were written by two instructors with continual input from the total faculties (See pages 112-140).

The A.D.N. faculty felt the need for a curriculum revision for the A.D.N. generic program. It was decided that this revision should be accomplished prior to the initiation of the articulation project. This would prevent the career mobility student from entering a program at the second level that was in the chaos of change. The revision has been approved by the Florida State Board of Nursing and is awaiting the decision by the Pensacola Junior College Curriculum Committee. (See pages 141-142)

Beginning in February, 1981, nine instructors from each nursing faculty were relieved of regular assignments for a week each to work on the articulation project. The instructors worked on the key subject areas - Fundamentals of Nursing, Nursing Issues, Medical, Surgical, Obstetric, Pediatric, and Psychiatric Nursing. As a result of these meetings, the decision was made to teach a transition course during the last six (6) weeks of the P.N. level. This course would be taught by the R.N. faculty and would include nursing history, more depth in the nursing process, hazards of immobility, fluid and electrolyte balance, acid-base balance, tissue repair and regeneration, nasogastric intubation, and intravenous therapy and medications. (See page 143-147)

The faculties of the Departments of Nursing and Medical Health do not feel that this project is, in anyway, near completion. In reality it has only begun. As the program progress, evaluation and revision will be a continual process. Both faculties' have agreed to share course materials and audiovisual aids in working together to ensure an easier implementation of curriculum changes.

PENSACOLA JUNIOR COLLEGE CAREER MOBILITY ARTICULATION PROGRAM

Introduction

The delivery of health care is shared by many persons with different levels of preparations. The individual is recognized for his unique contribution to the whole. The quality of care provided depends heavily upon the admission criteria utilized in nursing programs, the quality of preparation and on continuing education through inservice programs, refresher courses, and independent study.

Nursing provides care in every unit of the hospital. Nurses serve the needs of persons in industry, in public health and in institutions caring for the ill, injured, aged, disabled, and emotionally disturbed. Nursing places emphasis on a holistic approach. Man cannot be separated into physical and psychological entities. He wants and expects to be treated with respect and dignity. Society rightfully expects practitioners to assume responsibility for giving services that are skillfully done and executed with sound judgment. To offer less violates the public trust.

Today's nurses are better prepared than their predecessors and their insight and understanding of patients' needs and problems qualify them to accept and meet the challenge of modern nursing. The community has expressed a need for more health care providers to actively meet the nursing needs of Pensacola and the surrounding region.

In order to meet the community's expressed needs, Pensacola Junior College Nursing programs have planned a program that will assist individuals to complete requirements for the various levels of nursing and qualify for certification or licensure at the level desired. Both faculties have put much effort into this articulation program to insure that the philosophy, conceptual framework and curriculum reflect the over-all concept of nursing and not categories of nurses.

The objectives of the Pensacola Junior College Career Mobility Articulation Program are to:

1. provide three levels of nursing practice:
   Level I, Nursing Assistant; Level II Practical Nurse; and
   Level III, Associate Degree Nurse.

2. offer a curriculum that will incorporate general education courses correlated with nursing courses at each level.

3. maintain respect for practice at each of the three levels.

4. provide the community with health care providers who can function effectively at each level.

5. offer a curriculum that will assist the student in completing one well defined program before progressing to another.

6. reduce the attrition in nursing practice by providing an avenue to continuing educational growth.

7. allow the individual to utilize the educational ladder to finance more advanced preparation.

8. provide careerists who are stable, committed employees.

PENSACOLA JUNIOR COLLEGE CAREER MOBILITY ARTICULATION PROGRAM

Model Curriculum Sequence for Three-Level Program

Level I - Nurses Assistant		Technical Credits	Academic Credits
*NUA 0101	Nursing Assistant		
	Vocational Adjustments		
	Body Mechanics		
	Communication		
	Introduction to Patient and Hospital		
	Infection Control and Asepsis		
	Environmental Care		
	Personal Care and Elimination		
	Body Measurements		
	Admission, Transfer, and Discharge		
	Assisting with Physical Examinations		
	Special Procedures and Equipment		
	Geriatrics and Care of the Dying Patient		
	Total (for Articulation)	2	
Level II - Licensed Practical Nurse			
*PRN 0101	Vocational Adjustments	1	
*PRN 0105	Personal, Family, and Community Health	1	
*PRN 0203	Fundamentals of Nursing	2	
APB 1190	Anatomy and Physiology		3
APB 1190L	Anatomy and Physiology Lab		1
*PRN 0206	Fundamentals of Nursing II	5	
*PRN 0210	Medications	3	
HUN 1201	Elements of Nutrition		3
**DEP ____	Human Development throughout the Life Span		3
ENC 1103	English Composition		3
*PRN ____	Interpersonal Relationships	1	
*PRN ____	Medical/Surgical Nursing I-B	2	
*PRN ____	Clinical Nursing I-B	3	
*PRN ____	Introduction to Nursing	2	
PRN ____	Medical/Surgical Nursing II-B	6	
*PRN ____	Clinical Nursing II-B	12	
*PRN ____	Medical/Surgical Nursing III-B	2	
*PRN ____	Clinical Nursing III-B	3	
*PRN ____	Tansitional Course	2	
	Totals	45	13
	Total Nursing hours (for Articulation)		17

Model Curriculum Sequence for Three-Level Program (Cont'd)

Level III -	Associate Degree Nurse	Technical Credits	Academic Credits
**APB ____	Advanced Anatomy and Physiology		3
**APB ____L	Advanced Anatomy and Physiology Lab		1
SOC 2000	Sociology		3
**PSY ____	Abnormal Psychology		3
ENC 1136	English Composition		3
APB 1170	Microbiology		3
APB 1170L	Microbiology Lab		1
NUR 2622	Nursing Seminar		1
NUR 1201	Nursing of Adults II		2
NUR 1201L	Nursing of Adults II Lab		3
NUR 2130	Maternal-Infant and Woman Health		2
NUR 2130L	Maternal-Infant and Woman Health Lab		2
NUR 2120	Nursing Care of Children		2
NUR 2120L	Nursing Care of Children Lab		2
NUR 2311	Psychiatric/Mental Health Nursing II		2
NUR 2311L	Psychiatric/Mental Health Nursing II Lab		2
NUR 2202	Nursing of Adults III		2
NUR 2202L	Nursing of Adults III Lab		2
NUR 2943	Preceptorship in Nursing		4
Total			43
	Total Academic Credits		56
	Total Academic Credits accepted in Articulation		17
	Grand Total Academic Credits for two years		73

*Technical credits accepted in Articulation

**Proposed new courses

CATALOG AND COURSE DESCRIPTIONS

Level I

NUA 0101 Nursing Assistant 14 Technical Credits

This course provides the student with the knowledge and principles of nursing practice necessary to assist the patient, regardless of growth, development of age, in his return to normal homeostasis and physical and psycho-social efficiency. Under direct supervision of the registered nurse or licensed practical nurse, the student will be provided opportunities to practice basic nursing skills. Through use of the nursing process, the student will assist the patient in minimizing his limitations and maximizing his capabilities. Upon completion of this course the student will be prepared as a beginning practititoner in health related settings at the job-entry level.

Total: 48 lecture hours, 336 laboratory/clinical hours

NUA 0201 Hospital Orderly 14 Technical Credits

This course provides the student with the knowledge and principles of nursing practice necessary to assist the patient, regardless of growth, development or age, in his return to normal homeostasis and physical and psycho-social efficiency. Under direct supervision of the registered nurse, licensed practical nurse or physician, the student will be provided on-the-job opportunities to practice nursing skills which will assist the patient in minimizing his limitation and maximizing his capabilities. Upon completion of this course the student will be prepared to perform hospital orderly tasks at the job entry level of performance.

Total: 48 lecture, hours, 336 laboratory/clinical hours

Level II, R.N. Tract

PRN 0101 Vocational Adjustments I 1 Technical Credit

This course orients the practical nursing student to the practical nursing program and the practical nursing occupation. Emphasis is placed on occupational responsibilities and ethical and legal responsibilities for health occupational personnel.

Total: 24 lecture hours

PRN 0105 Personal, Family and Community Health 1 Technical Credit

This course provides instuction in hygiene and health habits for improving and maintaining personal, family and community health, introduction to public and private health agencies and control of public health problems such as communicable diseases, drug addiction, and alcoholism.

Total: 24 lecture hours

PRN 0203 Fundamentals of Nursing I 2 Technical Credits
PRN 0206 Fundamentals of Nursing II 5 Technical Credits
7 Technical Credits

This course provides the knowledge and basis for nursing practice that assist the patient in maintaining homeostasis or restoring optimum health. The student will learn the principles and technical skills of nursing practice that enable him/her to assist the patient, regardless of stage of development or age, in his return to a high level of physical and psychosocial efficiency through use of the nursing process. Opportunity is provided for supervised practice of basic nursing skills in the nursing laboratory.

Total: 25 lecture hours, 28 laboratory hours
45 lecture hours, 50 laboratory hours
70 lecture hours, 78 laboratory hours - 148 hours

APB 1190 Anatomy and Physiology 3 Academic Credits

Corequisite: APB 1190L. This introductory course consists of lectures and demonstrations covering the basic structures and functions of the human body. This course is required for registered nursing, dental hygiene, and respiratory therapy students.

Total: 48 lecture hours

APB 1190L Anatomy and Physiology Lab 1 Academic Credit

Supervised laboratory experience correlated with APB 1190

Total: 34 laboaratory hours

PRN 0210 Medications 3 Technical Credits

This course provides the students with basic knowledge about drugs, their actions, the mathematics of drugs and solutions, dosages and the methods of administering medications safely. The legal and ethical responsibilities for giving medication are explored during classroom lecture and laboratory practice. Clinical experience is integrated throughout the clinical nursing courses.

Total: 30 lecture hours, 24 laboratory hours - 54 hours

HUN 1201 Elements of Nutrition 3 Academic Credits

A study of the elements of nutrition and of the factors influencing the ability of the individual and the family to secure and maintain a good nutritional status.

Total: 48 lecture hours

DEP ____Human Development throughout the Life Span 3 Academic Credits

This course introduces the student to the growth and development of an individual from the neonatal throughout his life. Various theories of development and learning are explored. The geriatric patient and the aging process are evaluated.

Total: 45 lecture hours

ENC 1103 English Composition 3 Academic Credits

A comprehensive course embodying the fundamentals of effective expression, with emphasis upon expository writing, logical and imaginative thinking.

Total: 45 lecture hours

PRN ____Interpersonal Relationships 1 Technical Credit

This unit increases the practical nursing student's awareness of the interrelationship of emotions and physical health, particularly the role of anxiety in conditions of illness and health. The intent of instruction is to assist the student in acquiring beginning skills needed for relating and interacting with patients to relieve mental anguish associated with illness, and to provide knowledge of psychological support needed for promoting health and recovery to normal homeostasis state when recovery is possible.

Total: 16 lecture hours

PRN ____Introduction to Med/Surg Nursing 2 Technical Credits

This course provides learning experiences in the basic care of adult patients on the Medical and Surgical services of the hospitals. Instruction includes application of concepts and principles presented earlier in the program. Inflammation, allergies, isolation, pre- and post-operative care and the nursing of the cancer patient are introduced. Emergency nursing is introduced. (CPR is a pre-requisite for program)

Total 36 lecture hours

PRN ____ Clinical Nursing I 3 Technical Credits

The student is given the opportunity to apply their knowledge and skills in hospital setting, under supervision of a clinical instructor. He/she receives evaluation of performance of nursing care and procedures.

Total: 108 clinical hours

PRN ____ Medical/Surgical Nursing I 2 Technical Credits

1) Respiratory Disorders

This unit provides instruction in the nursing care of patients who have disorders of the upper and lower respiratory tract. Emphasis is placed on the assessment of symptoms, diagnostic procedures, medications and nursing care specific to respiratory disorders. 12 lecture hours

2) Disorders of the Reproductive System

This unit covers the basic knowledge and skills needed for nursing both male and female patients who have disorders of the genital organs. Emphasis is placed on preventive and therapeutic measures in the control of venereal disease. 12 lecture hours

3) Orthopedic Nursing

Orthopedic Nursing involves the care of patients with disorders of the musculo-skeletal system. The student is given the opportunity to apply knowledge of anatomy and physiology of the musculo-skeletal system by learning safe and effective nursing care of patients in plaster casts, traction, orthopedic frames and in specific orthopedic conditions.

Total: 36 lecture hours

PRN ____ Medical/Surgical Nursing II 6 Technical Credits
PRN ____ Medical/Surgical Nursing III 2 Technical Credits
8 Technical Credits

4) Urological Nursing

This unit will provide the knowledge and practices necessary to perform selected nursing measures that will enable the urological patient, regardless of his age or growth development, to achieve the highest level of physical and psycho-social efficiency possible. Through use of the nursing process, the student will assist the patient to approach a state of homeostasis by minimizing his limitations and maximizing his capabilities in his return to normal life balance. 12 lecture hours

5) Endocrine Disorders

This unit will provide instruction to aid the student in gaining knowledge necessary to safely and effectively care for patients, of all ages and stages of growth and development, who have endocrine disorders. Through the nursing process the student will assist the patient to approach a level of homeostasis that will achieve the best state of physical and psycho-social balance possible. 18 lecture hours.

6) Disorders of the Circulatory System

This unit will provide the knowledge and practices necessary to safely and effectively perform the nursing care that will enable a patient with cardiovascular difficulties to achieve the highest level of physical and psycho-social efficiency possible, regardless of his age, growth development, and aspects of general health. Through the nursing process, the student will assist the patient in his adjustment and approach to normal homeostasis by minimizing his limitations and maximizing his capabilities. 18 lecture hours

7) Disorders of the Digestive System and its Accessory Organs

This unit provides instruction in the nursing care of patients who have disorders of the upper and lower digestive system and its accessory organs. Emphasis is placed on the assessment of symptoms, diagnostic procedures, medications, and nursing care of digestive, liver, gallbladder and pancreas disorders. 12 lecture hours

8) Disorders of the Nervous System

This unit will provide the knowledge, and practices necessary to perform selected nursing measures that will enable the neurological patient, regardless of his age or growth development, to achieve the highest level of physical and psycho-social efficiency possible. Through use of the nursing process, the student will assist the patient to approach a state of homeostasis or as near normal functioning as possible by minimizing his limitations and maximizing his capabilities in his return to normal life balance. 12 lecture hours

9) Skin Disorders and Injuries

This unit provides instruction in the prevention and treatment of skin disorders, irritations and injuries. The student will have the opportunity to become knowledgable about measures that prevent skin diseases and provide remedial care to burned patients. Emphasis will be placed on the classifications, symptoms, nursing care and rehabilitation of burned patients. 6 lecture hours.

10) Eye and Ear Disorders

This unit of instruction provides the student with knowledge, and practices to provide selected nursing care to patients who have eye and ear disorders. The student will learn to carryout selected tasks in procedures for diagnosing eye and ear disorders and hearing problems, prepare, administer and assess the effects of selected medications for eye and ear disorders, as well as administer general and specific nursing care to patients. 6 lecture hours

Total: Med/Surg - 84 lecture hours

Pediatric Nursing

This course furnishes essential information to the student nurse to guide him/her in understanding the child as an individual, constantly changing in the process of growth and development, and as a member of his family and the community. Through the nursing process, emphasis is placed on the total well being-physical, mental, social and emotional-of the child in both health and disease. It is hoped that this course will assist the student in adapting nursing measures to the size and unique needs of the child in his approach to homeostasis or as near normal functioning as possible. 24 lecture hours

Mother and Newborn Nursing

This course introduces the student to the general and specific physical and psycho-social needs of the mother during her pregnancy and delivery, and to the return of her body to its normal homeostasis balance followng the birth process. Emphasis is also placed upon the growth and development of the newborn from its conception to birth. Through the nursing process, the student will learn the principles and technical skills of nursing practice that will enable him/her to provide safe effective health care to both its mother and her newborn child.

This course will be divided into the following units: prenatal care, labor and delivery, post-partal care and newborn care. 30 lecture hours
Total: 138 lecture hours - Sequence of learnings is dependent upon availablity of clinical experiences.

Vocational Adjustments II Seminar

The student is provided with an opportunity to learn about job opportunities, licensing, continuing education, remuneration, and preparation for employment in the practical nursing occupation. 12 lecture hours

PRN ____	Clinical Nursing II-B	12 Technical Credits
PRN ____	Clinical Nursing III-B	3 Technical Credits
		15 Technical Credits

Clinical experiences are rotated according to available space. Students are assigned to various hospitals to obtain experience in obstetrics, pediatrics, geriatrics, medication administration and nursing care of medical patients and patients with various surgical problems, i.e.. orthopedic, neurological, gynecological.

Total: 456 clinical hours

PRN ____ Transitional Course 2 Technical Credits

This course presents areas included in the generic R.N. program first year, that are not in the job description for a practical nurse. It includes more depth in the nursing process, fluid and electrolyte balance, nasogastric intubation, intravenous therapy and medications. It is taught the last six weeks of the program, one day each week.

Total: 36 hours

Level III - Associate Degree Nurse Course Descriptions

NUR 1201 NURSING OF ADULTS II 2 credit hours
CATALOG AND COURSE DESCRIPTION

Nursing in physical illness of the adult focuses on common problems encountered as pathophysiologic changes occur in respiratory, cardiovascular, peripheral vascular, renal biliary, hepatic and gastrointestinal disorders.

NUR 1201L NURSING OR ADULTS IIL 3 credit hours
CATALOG AND COURSE DESCRIPTION

Nursing in physical illness of adults provides the opportunity for the application of theory taught in Nursing 1202. The dynamic use of the nursing process in actual care situations is the foundation for experience gained in hospitals, clinics, campus laboratories, and health agencies. Selected experiences in diet therapy, I.V. therapy and administration of medications are integrated into this course.

NUR 2130 MATERNAL - INFANT & WOMANHEALTH 2 credit hours
CATALOG AND COURSE DESCRIPTION

Theory: Nursing in Maternal-Infant & Womanhealth emphasizes the health needs of the beginning and/or restoration in common pathophysiologic changes that occur in the female during the developmental phases beginning with pubescence, reproductive years with or without the maternity cycle, climacteric and senescence; the normal newborn infant, with common variations, and the commonly occuring pathophsiologic, psychologic and development problems will be studied. The nursing process is utilized as the basis for the study of the principles involved in maintaining or restoring the homeostasis of the individual.

NUR 2130L MATERNAL - INFANT & WOMANHEALTH LAB 2 credit hours
CATLOG AND COURSE DESCRIPTION

Nursing during the course in Maternal-Infant and Womanhealth with focus on selected clients in the normal process of childbearing, or the commonly occuring problems encountered in the reproductive or gynecologic life span of woman; and, the needs and commonly occuring pathophysical, and/or developmental problems in the newborn infant. The application of the nursing process is the foundation for the experiences in hospital, clinics, health agencies, and college laboratory. The student will provide nursing care, counselling and health teaching in selected experiences supervised by the instructors of the Department of Nursing.

NUR 2120 NURSING OF CHILDREN 2 credit hours
CATALOG AND COURSE DESCRIPTION

Theory: This course emphasizes the health needs of the child, with focus on the needs of the hospitalized child. It is designed to assist the student to acquire the necessary knowledge to assess, plan, implement, and evaluate nursing care for children of all ages, to met their physical and psycho-social needs. The concept of maintaining family integrity and participation is stressed as being basic to the care of children.

NUR 2120L NURSING OF CHILDREN LAB 2 credit hours
CATALOG AND COURSE DESCRIPTION

Students are given the opportunity to utilize knowledge and develop skills in giving nursing care to children based on concepts taught in nursing of children: clinical experiences will be planned for the hospital, clinic and multisensory laboratory.

NUR 2202 NURSING OF ADULTS II 2 credit hours
CATALOG AND COURSE DESCRIPTION

Theory: Nursing in physical illness continues the study of nursing in common health problems which interrupts normal growth and development. It presents the physical and the psycho-social needs that must be met to maintain homeostasis. A conceptual approach of patient care is utilized with particular focus on the areas of ventilation, fluid balance, nutrition, communication, activity and stimulation. Appropriate pharmacology is integrated into the study of these health problems. The nursing process, assessing basic needs of the patient; planning nursing care based upon assessment of patient needs; implementation of the nursing care plan with skills that demonstrate knowledge of scientific principles and evaluation of the accuracy of decisions and actions taken contribute to the holistic approach of patient care. In the selection of learning experiences, the common rather than the uncommon medical and surgical illness is chosen.

NUR 2202L NURSING OF ADULTS IIIL 2 credit hours
CATALOG AND COURSE DESCRIPTION

Nursing in physical illness provides the opportunity for the student to apply nursing theory and practice for the adult patients with common health problems in the hospitals. The scientific method of problem solving is applied to the practice of nursing (nursing process). Diet therapy, the administration of medication, and I.V. therapy are integrated. Additional nursing skill development is provided in the campus multisensory laboratory, campus workshops and other health agencies. The student functions in the clinical areas and in the multisensory laboratory under the supervision of the nursing instructors. In selected areas, the student is under the supervision of an instructor and/or qualified nursing personnel.

NUR 2311 PSYCHIATRIC/MENTAL HEALTH NURSING II 2 credit hours
CATALOG AND COURSE DESCRIPTION

In Psychiatric/Mental Health Nursing II continues the study of the effects of stress and anxiety encountered in the development cycle of man. A foundation of knowledge is presented from which the student can identify elements of healthy behavior as well as maladaptive behavior of psychotic and other disorders of the personality. Current treatment modalities are presented, the nurses role there-in with emphasis on application of psychiatric nursing principles to appropriate interventions. The nursing process model is used as a framework for studying behaviors, problems and needs of individuals with organic mental disorders, personality disorders characterized by withdrawal, autism, suspicion, elation, depression, suicide, drug abuse and selected disorders appearing in childhood and adolescence. DSMIII (Diagnostic and Statistical Manual of Mental Disorder) Nomeclature is correlated with behaviors discussed.

NUR 2311L PSYCHIATRIC/MENTAL HEALTH NURSING IIL 2 credit hours
SCATALOG AND COURSE DESCRIPTION

The focus of this course is on the practice of psychiatric nursing in a psychiatric unit of the hospital and in selected community mental health agencies. In the hospital, the student is given the opportunity to apply theories learned to actual care of selected patients, utilizing the nursing process. Special emphasis is placed on counseling role of the nurse. Administration of psychotropic drugs, participation in group and somatic therapy is stressed. In the community agencies, the participating observer role is emphasized. All assigned activities of students are goal directed.

NUR 2943 PRECEPTORSHIP IN NURSING 3 credit hours
CATALOG AND COURSE DESCRIPTION

The preceptorship is designed to provide the student with the opportunity to participate in a clinical experience that will assist them in making the transition from the academic to the work setting. Principles of leadership, team work, dynamic use of the nursing process in a 24 hour period will be incorporated into the experience.

NUR 2112 NURSING PROBLEMS SEMINAR 1 credit hour

A continuation of Nursing Problems Seminar A with special emphais on the legal aspects and the structure of the nursing organizations.

APB ____ ADVANCED ANATOMY & PHYSIOLOGY & COREQUISITE LAB 4 credit hours

This course will include basic principles and concepts of human physiology with an emphasis on homeostatic mechanisms. High level physiology will be the focal point with integrated chemical concepts.

APB ___MICROBIOLOBY AND COREQUEISITE APB 1170L 4 credit hours

This course consists of the study of the characteristics and activities of micororganisms; survey of microbiological groups with emphasis on pathogenic forms; theories of destruction; removal and inhibition of microorganisms; relationships between infection, immunity, and allergy. While the course is recommended for student nurses and dental hygienists, students in other programs will be admitted.

SOC 2000 INTRODUCTION TO SOCIOLOGY 3 credit hours
CATALOG DESCRIPTION

This course is designed for those who want to study sociology as a separate discipline, including potential majors in sociology and social work. The course introduces the student to the science of social relationships and the processes of social change. Among specific topics included are: the structure of society, groups and organizations, social power and control, and values.

PSY ____ABNORMAL PSYCHOLOGY 3 credit hours
CATALOG DESCRIPTION

A consideration of psychological concepts, particularly abnormal behavior and psychopathology, which may be relevant to persons in health related fields.

ENG 1136 ENGLISH COMPOSITION 3 credit hours
CATALOG DESCRIPTION

A comprehensive course embodying the fundamentals of effective expression, with emphasis on study and practice of research writing, and reading literature for understanding and appreciation.

AMH 1550 AMERICAN CONSTITUTION 1 credit hour
CATALOG DESCRIPTION

An introductory study of the United States Constitution. Emphasizes western constitutional thought and its application in the formation of America's fundamental law, the adjustment of the constitution to a changing society, and its application to selected problem areas in contemporary American life.

Philosophy

The nursing faculties of the Pensacola Junior College believe that education for nursing belongs in an academic environment making possible the attainment of these goals: 1.) acquisition of knowledge, 2.) technical competencies, 3.) problem solving skills that contribute to the health of people and 4.) self-awareness.

The nursing faculties believe that man is an integrated whole, living and interacting within his environment, to maintain homeostasis. Nursing's domain to practice is what happens to man before, during and after health problems.

The philosophy stated here reflects the faculties' values about man (patient), health, nursing and nursing education and practice and elaborates on the following basic elements:

PATIENT

We belive:

1. Each patient is an individual with individual needs.
2. Patients have rights, as stated by the American Hospital Association's Patient's Bill of Rights, to:
    - safe and effective nursing care.
    - confidential treatment of their hospital records and personal affairs
    - privacy and dignity in their personal intimate care.
    - mental and emotional support.
    - refuse care by health care personnel to whom they object.
3. Basic human needs exist in nursing situations.
4. Patients are responsible for maintaining good health habits.
5. The patient has a responsibility in his own recovery.
6. The patient is a member of a family unit.

HEALTH

We believe:

1. Health relates to the total individual, the mind as well as the body.
2. Health is the maintenance of homeostasis.

3. Health is the maximum wellness that can be achieved by the individual on the health wellness continuum.

4. Health may be described in terms of physical and psycho-social strengths.

5. The pursuit of health in an individual right.

6. Health is a state of complete physical, social and psychological well-being that may co-exist and interacts with illness.

NURSING

We believe:

1. Nursing is an art and a science.

2. Nursing involves working with the sick.

3. An objective of nursing is to help the individual to be as independent of assistance as soon as possible.

4. Nursing involves knowledge, technical competencies, self awareness, and problem solving skills that contribute to the health of people.

5. Nursing is a personal service that is essential to individual and family in attainment and maintenance of a healthy state of mind and body throughout the life cycle.

6. Nursing includes carrying out medical orders within the framework of supervised program of health care and initiating independent intervention.

7. The practice of nursing involves growth through continuing education and updating of skills.

8. Practitioners are accountable for their own actions.

9. Nursing involves the recognition of basic human needs when planning care to meet these needs.

10. Nursing provides verbal and non-verbal communication and effective skills.

11. Nursing is a rapidly expanding field.

12. Nursing is a process involving assessment, planning, implementation, and evaluation.

13. The practice of nursing involves functioning as a member of the nursing team. Nursing has an important role in the health team.

14. Nursing is the consideration of human beings as unitary wholes in interaction with the environment and the provision of care directed to promotion and preservation of health.

NURSING EDUCATION

We believe:

1. Nursing education should be carried out in an academic and clinical environment.
2. Nursing education responds to the changing needs of man and his physical, psychosocial environment.
3. Learning takes place when a student utilizes information in a practical situation.
4. Learning is an individual experience that is based on past experiences.
5. The effectiveness of nursing education can be measured in part in terms of the abilities of its graduate to perform in the employment situation.
6. Nursing education has the responsibility of proving continuing education.
7. Nursing education develops methods of instruction that meets the individual student's needs.
8. Graduates of nursing programs are prepared to perform as beginning practitioners.
9. Educational programs should provide pathways and not blocks to learning goals.
10. Nursing is an expanding field which indicates the need for educational and career mobility.
11. Education should provide alternative routes to achieving learning goals.

CAREER MOBILITY

We believe:

1. The act of rededication and reaffirmation of career commitments at each level will result in more practitioners remaining in nursing.
2. The learner should be able to move from one level of nursing to the next without loss of personal effort and finances.
3. Individual efforts toward self improvement and self enhancement will be reinforced by career mobility.

4. The learner will be presented with new challenges and experiences at each level of nursing.

5. All learners are not able to make a long term commitment to educational goals.

6. The learner may raise his career goals by achieving success at the last level.

Curriculum Framework

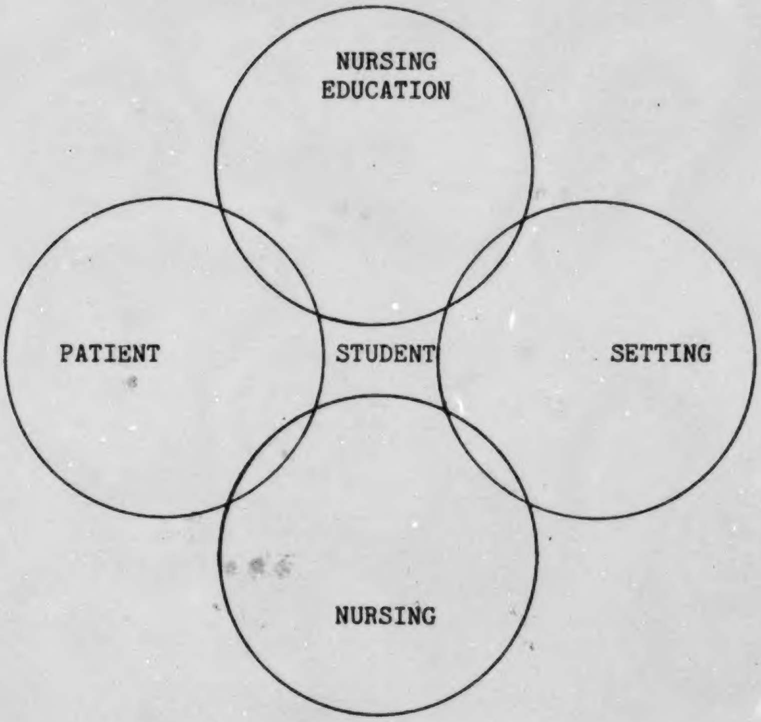
Learning has been defined as a change in behavior, perceptions, insights, attitudes or a combination of these that can be repeated when the need is aroused. Learning readiness is a major factor in educational success and "real world" experiences seem to contribute to learning readiness for many students.

Neither of the two basic theories of learning (stimulus-response and gestalt-field) alone have proven adequate to apply to teaching the practice of nursing. Therefore, the following principles have been identified form both theories and are used as a foundation for curriculum development:

1. Learning takes place when a person encounters a problem or need.
2. The problem or need creates mild anxiety which produces drive and motivation.
3. The learner progresses toward goals or problem solutions when he feels the need for information and/or opportunity to discover.
4. The learning process is enhanced by moving from the familiar to the unfamiliar.
5. The more the learner is involved actively, the more likely he is to learn.
6. Learning styles differ for each individual.
7. Positive reinforcement or desired behavior increases learning.
8. Consistent negative feedback blocks the learning process.
9. Absence of feedback of any kind prevents the learning process.
10. Feedback with practice reinforces desired behavior habits and patterns.
11. Experiences are more meaningful when built upon step-by-step learning principles.
12. Spaced and varied opportunities to utilize learning at different levels aid the learner in retaining desired behaviors.
13. Success leads to tolerance of failure, realistic self assessment, realistic goal setting and continual evaluation.
14. Learning is easier when the student is aware of progress.

15. Learning is retained longer when it is put into immediate action rather than when it is delayed.

The curriculum framework encompasses the community setting, the student, the patient, nursing education and nursing. The following diagram illustrates the relationship and interaction of these components.



Curriculum Framework

COMMUNITY SETTING

Education of career mobilists takes place in an academic setting where general education courses as well as nursing courses are offered as a part of the curriculum. Pensacola is the seat of Pensacola Junior College and University of West Florida and provides a logical setting for this type of ladder learning.

Clinical laboratory experience will be provided by hospitals (three major private hospitals, one county hospital, one military hospital and a private hospital in Milton and in Jay), nursing homes, clinics located in the hospital setting, and selected public health and community experiences. Both the health agencies and Pensacola Junior College provide a strong inservice program to ensure continuing education for nursing personnel in the community.

Students are drawn from and return to an industrial and military community located on or near the Gulf Coast. The area economy is based on its position as the site of several military bases and its many industries. Industries include in part the manufacture of nylon yarn, paper products, industrial chemicals, furniture and concrete products, bricks and tile, boats, naval stores and trailers.

Pensacola has a council-manager form of government. It is politically conservative, consisting of a large population of middle class and blue collar workers. There are a variety of racial minorities, the largest being black (approximately 15%).

Due in part to the comprehensive insurance plans offered by local industry, there are more hospital beds per capita than average in this community. Pensacola is the foremost leader in medical facilities and accommodations in Northwest Florida. Medical facilities have expanded at a rapid rate within the guidelines of the Northwest Florida Health Systems Agency.

The Northwest Florida area is still considered by many as the last unspoiled frontier in Florida. The blue water, beautiful beaches, mild climate and changes of seasons attract many more people as energy costs continue to increase in the northern states.

The establishment in 1972 of the Navy Training Headquarters in Pensacola caused an influx of many new military and civilian personnel. These additional military personnel and families affect enrollments, not only because Navy personnel are educationally inclined, but also because of the turnover of military families that provide a new influx of students every two to three years. Many of these families may eventually retire in this area.

More students will probably enroll at the local college since many families cannot afford to send their children to out-of-state schools. The comprehensiveness of Pensacola Junior College's academic and career programs provide a marriage of various curricula that the students can pick and choose to their own advantage.

STUDENTS

Students are drawn from all age groups, but a large proportion are older and married with permanent ties to the community, while a significant percentage of applicants are military service related either as corps person, spouses and dependents of service people, or retirees.

Many seeking to enter nursing have remediation needs. These applicants are referred to the appropriate remediation programs on campus before admission to the programs. In the last few years, because of fewer job opportunities in other fields, a number of applicants with degrees in other fields are seeking admission to nursing. Previous education and life experiences often determine the student's approach to learning.

PATIENT

The patient is defined as an individual, a member of the family and a member of the community. He has individual physical and psychosocial needs based on normal growth and development that must be met to maintain homeostasis. He shares the responsibilities for individual high-level wellness. He utilizes coping mechanisms and health education in dealing with health problems or recovery from the effects of disease and injury.

NURSING EDUCATION

Nursing is in a constant state of change to meet the needs of man and his environment. The nursing process has evolved as a foundation for the practice of nursing and thus the basis for nursing education. The four components of the nursing process are assessment, planning, implementation, and evaluation. Assessment includes collecting data about people who receive care, identifying health problems by analyzing the collected data, and then ranking the health problems as to priority of care. Planning involves the development of a guide. The nursing care plan includes the goals of nursing and nursing intervention measures that will be used to meet the goals. Implementation is the carrying out of nursing measures described in the nursing care plan. Evaluation tells the nurse whether the care has been effective.

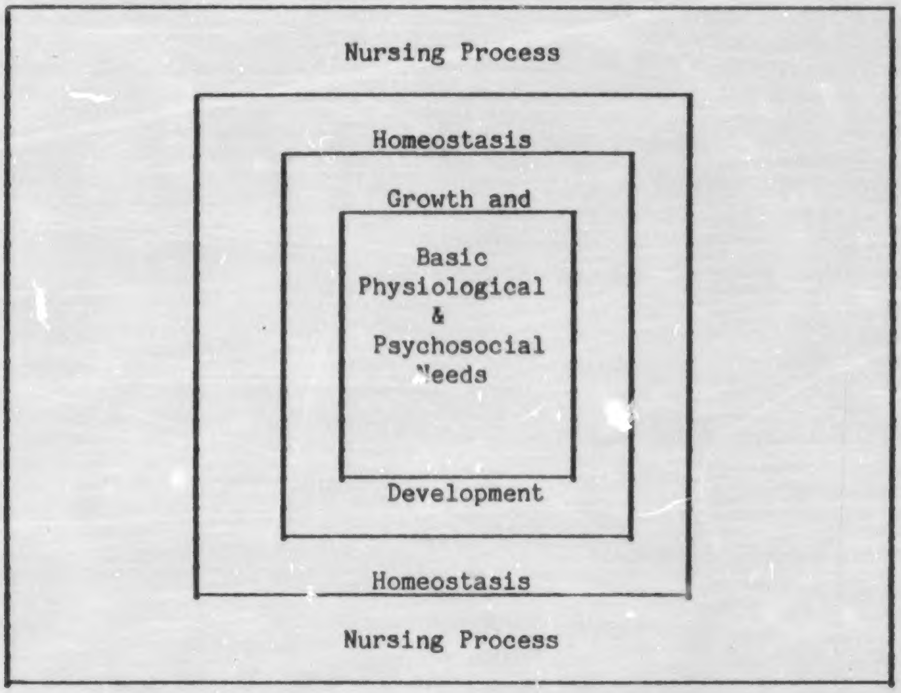
The nursing curriculum is designed to assist the nursing care provider in acquiring the knowledge and skills necessary to provide patients personal services related to normal body functions (respiration, nutrition, elimination, rest and sleep, activity and communication and maintenance of homeostasis) Basic concepts in nursing and common health problems and needs are stressed throughout each nursing course.

Techniques for assisting the student to acquire general information include lecture, discussion, seminar, symposium and the use of audiovisual instructional aids. Lecture and discussion is an effective method for aiding retention of knowledge. Techniques for assisting the student to learn skills include demonstration and return demonstration, role playing, and drilling, or skill practice. An overview of the procedure is presented with key points emphasized. The student performs the procedure following the instructor's demonstration, and practice sessions are arranged so that the student can become competent at performing the skill. Techniques for assisting the student in obtaining a positive attitude include experience sharing discussions, counseling, role-playing, and the use of audiovisual instructional aids. Methods and techniques which promote the student's involvement in the learning tasks produce the most retention.

Team-teaching is utilized by the nursing faculty. Several instructors participate in planning and teaching students as a team with each contributing according to his or her particular interests and abilities. Allowing for specialization by instructors, in addition to a team approach, increases effectiveness. Careful coordination is essential so that the instructors relate to and build on each other's content. This approach is valuable to the student in that the different personalities and viewpoints on a subject broaden the opportunity for learning.

In the first and second levels of nursing the faculty assists the students in organization of their learning experiences and decision-making abilities. Emphasis is placed on the more traditional methods of teaching, such as lecture and discussion, rather than the non-traditional methods.

The student in the third level of nursing assumes more responsibility for individual organization of time and energy to meet stated goals and objectives. In keeping with other courses at Pensacola Junior College.



Nursing involves providing a personal service to patients that is related to body functions (respiratory, elimination, nutrition, circulation, rest and sleep, activity and communication) and maintenance of homeostasis. Nursing is concerned with observing and reporting signs of changes in patient status, assessing their physical, emotional and environmental state. Nursing is a process encompassing the formulation and implementation of plans of care based on therapy and other factors affecting patients and their families. Nursing is concerned about the needs of individuals for self care on a continuing basis as a means to maintain and preserve life. Nursing is accountable for the care it provides and acts as a patient advocate to assure quality illness care. Nursing involves the management and maintenance of care for incapacitated persons. Nursing guides and instructs patients as they move toward recover and resumption of their own self care. Nursing is involved with the integration of the services of other health personnel.

Nursing care providers function as members of the health care team by:

1. interpreting and carrying out medical orders.
2. working with colleagues in planning and carrying out health care.
3. acting independently to meet patient needs and apply the principles of nursing practice.
4. providing the management and maintenance of care of incapacitated persons.
5. guiding and instructing patients and their family as they move toward recovery and resumption of their own self care.
6. helping the terminally ill patient die with dignity.

NURSING CARE PROVIDERS

Nursing care providers assume responsibilities delegated by the supervisor, head nurse and/or team leader. Practitioners involved in health care are legally and ethically responsible for their acts and are committed to the promotion of the public welfare. Accountability for practice has become a generally accepted principle in nursing. As the roles of individuals providing health care have expanded the responsibility for being accountable for one's action has increased. Practitioners have responsibility for nursing practice and for maintaining competence by continual learning. The health provider must exercise informed judgment and use individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others. Appropriate action must be taken to safeguard the individual when his care is endangered by co-worker or any other person.

LEVELING

Behaviors that clearly delineate the specific competencies, conditions and responsibilities as they relate to the nursing process have been established for each level. The assumption is made that each successive level encompases the competencies of each previous level. This will allow the students to have the opportunity for upward mobility in nursing by building on previous learnings.

Achievement at each level of the career mobility articulation program will produce health care providers who will:

1. provide health care in the rapidly expanding field of nursing.
2. recognize basic physiological and psychosocial needs based on normal growth and development throughout the life span.
3. implement nursing care plans that demonstrate scientific principles.
4. intervene autonomously and with supervision to maintain homeostasis.
5. evaluate the degree of effectiveness of the nursing care plan.
6. communicate effectively and form satisfactory interpersonal relationships with others.
7. progress to higher levels of nursing education.
8. function within the framework of professional behavior.
9. function as responsible members of the health care team concerned with basic therapeutic, rehabilitative, and preventive care for people of all ages and cultural diversities in various stages of dependency.

Overall Conditions and Competencies for the Three Levels of Nursing

The Level I Practitioner: Nursing Assistant

1. Carries out delegated responsibilities determined by the professional nurse.
2. Understands nursing process as a four step problem solving method.
3. Receives comprehensive information about patient and assignments.
4. Contributes to the development of the nursing care.
5. Recognizes high level wellness in individuals.
6. Recognizes that physical and psychosocial needs are expressed in a variety of ways.
7. Understands that health problems can intensify basic needs.
8. Communicates effectively with the nursing team using the fundamental principles of language.

9. Participates in established institutional emergency plans.

The Level II Practitioners: PRACTICAL NURSE

1. Carries out responsibilities delegated by the professional nurse or physician.
2. Utilizes the nursing process within the dimension of the level knowledge base.
3. Understands theoretical basis for physically and psychosocial aspects of nursing.
4. Performs nursing measures with accuracy, safety, and efficiency, consistent with current nursing concepts and practices.
5. Strives to maintain or improve the working environment by cooperating with health team members.
6. Recognizes level limitations and functions within this framework.
7. Accounts for individual nursing actions.
8. Contributes to the development, implementation, and evaluation of the nursing care plan in meeting patient needs.
9. Practices basic principles of fundamental language and therapeutic communications.
10. Obtains pertinent information and data as necessary with assistance from clinical records and reference books.
11. Participates in health teaching of patients.
12. Recognizes the importance of ethics in the role of the health care provider by respecting patient rights and holding in confidence all information entrusted.
13. Understands gross aspects of natural sciences.
14. Utilizes medical terminology relating to health and disease.
15. Participates in established institutional emergency plans.

The Level III Practitioner: ASSOCIATE DEGREE NURSE

1. Carries out responsibilities delegated by the professional nurse or physician.
2. Provides care for persons who have been identified as being ill or in need of diagnostic evaluation or who have acute and chronic illnesses that are common and well-defined.

3. Recognizes and prevents secondary complications common to illnesses.

4. Assume major responsibility for the development, implementation, and evaluation of the nursing care plan.

5. Initiates innovative individualized nursing interventions for providing care for the patient, family, and community.

6. Assumes major responsibility for health teaching.

7. Intervenes therapeutically in acute anxiety and stress states.

8. Understands complex physical aspects of natural science focusing upon basic cell physiology, physiological defense mechanism and integration of physiological processes.

9. Utilizes medical terminology relating to health and disease.

10. Understands basic concepts related to selected classifications of psychosocial behavior and the underlying dynamics of these kinds of behaviors (common neurotic behavior, withdrawn behaviors related to distrust, behaviors related to feelings of worthlessness, behaviors related to feelings of elation).

11. Utilizes the nursing process within the dimension of level knowledge base.

12. Demonstrates fundamental knowledge of language and therapeutic communications.

13. Plans for and guides the direct participation of a limited number of others involved in care of patients on a day-to-day basis.

14. Assumes responsibility for individual nursing actions.

15. Participates in established institutional emergency plans.

16. Performs nursing measures with accuracy, safety, and efficiency, consistent with current nursing concepts and practices.

Expected Utilization of Nursing Program
Provider of Care Level I: Nursing Assistant

Assessment:

1. Identifies the reason for assigned nursing actions.
2. Observes patient behavior attentively.
3. Recognizes limits of practice.
4. Recognizes significant changes in patient's condition.
5. Recognizes that the nursing care plan is based on physical and psycho-social needs.
6. Receives and conveys information from patients and other members of the health team through spoken and written language.

Planning:

1. Reports behavior changes.
2. Seeks assistance from team members.
3. Receives information from patients and team members in both spoken and written language.
4. Suggests simple modifications in nursing actions.
5. Develops individual plan to carry out assignment.

Implementation:

1. Performs selected technical nursing skills related to activities of daily living.
2. Responds empathetically to patient needs.
3. Seeks assistance needed to respond effectively to behavior changes
4. Offers observations and ideas.

Evaluation:

1. Participates in evaluation of patient care.
2. Recognizes when basic physical needs have been met.
3. Identifies alleviation of certain symptoms.
4. Modifies plans to enconomize time, effort, and resources.
5. Seeks guidance from appropriate person in evaluating the care given and making necessary adjustments.

Expected Utilization of Nursing Process
Provider of Care Level II: Practical Nurse

Assessment:

1. Receives and conveys information from patients and other members of the health team through spoken and written language.
2. Interviews patients to obtain specified information.
3. Recognizes the relationship between health disturbances and symptoms.
4. Identifies the correlation between medical care (diagnostic, prognostic, therapeutic, and rehabilitative) and health disturbance symptoms.
5. Identifies and documents changes in health status.
6. Utilizes appropriate references to secure information.
7. Recognizes symptoms and behaviors that indicate needs-physical needs, psychosocial needs, information needs, developmental needs, educational needs.
8. Identifies obvious deviations from normal.
9. Recognizes own limitations when nursing is beyond scope of practice.
10. Identifies overt learning needs of the patient.

Planning:

1. Verifies understanding of nursing care plan.
2. Offers observations and ideas in planning care.
3. Suggests, questions, and modifies nursing measures based upon assessment.
4. Develops individualized plan of action based on nursing diagnosis and patient needs.
5. Identifies needs of the patient and family.
6. Sets priority goals in performing individualized nursing care.
7. Seeks assistance from other members of the team.
8. Contributes to the development of health plans for patients and families.

Implementation:

1. Performs specific nursing actions that support the nursing care plan.
2. Alters individual plans to respond to particular circumstances.
3. Safely performs basic therapeutic and preventive nursing procedures in giving individualized care.
4. Utilizes principles of therapeutic communication in responding empathetically to patient needs.
5. Intervenes in situations that may be detrimental to the patient.
6. Participates in established institutional emergency plans.
7. Combines level knowledge and supportive nursing principles in performing technical skills.
8. Demonstrates ability to assist the professional nurse or physician by correctly performing delegated tasks.
9. Strives to maintain or improve the working environment by cooperating with health team members.

Evaluation:

1. Evaluates, using level knowledge, the effectiveness of the nursing care plan in sums of the following:
   a. meeting basic physical needs.
   b. preventing, elimninating, decreasing, or stabilizing a a health disturbance.
   c. alleviating symptoms.
   d. meeting needs related to developmental stage.
   e. meeting needs to psycho-social attitudes, feelings, and behaviors.
   f. promoting active participation of the patient in the pursuit of high level wellness.
   g. economizing on time, effort, and resources.
2. Evaluates in individual plan of action and actual implementation of nursing care plan.
3. Evaluates individual performances of nursing care.

Expected Utilization of Nursing Process
Provider of Care Level III: Associate Degree Nurse

Assessment

1. Identifies and uses appropriate resource information in developing the individual nursing care plan.

2. Anticipates certain symptoms on basis of diagnosis of suspected pathology.

3. Anticipates use of therapeutic and diagnostic measures on basis of symptoms and pathology.

4. Identifies the patient's nursing needs related to:
   a. basic physical and psycho-social needs.
   b. prevention, elimination, decreasing, or stabilization of a health disturbance.
   c. alleviation of symptoms.
   d. physical factors associated with particular developmental stage.
   e. promotion of self care.
   f. active participation of the patient in the pursuit of health.

5. Receives and conveys information from patients and other members of the health team through spoken and written language.

6. Assumes major responsibility for establishing method and goals of the nursing care plan.

Planning:

1. Offers observations and ideas based on nursing assessments.

2. Participates with other health team members in planning and evaluating patient care.

3. Identifies appropriate resource persons and initiates contact as needed.

4. Seeks assistance from professional nurse responsible for general supervision.

5. Discusses patient situations with nursing team and plans care based upon team input.

6. Seeks assistance from health team members who love special expertise.

7. Makes assignments for nursing team members.

8. Sets priority goals for performance of individualized nursing care.

Implementation:

1. Performs complex nursing skills.

2. Coordinates and manages patient care based on the nursing care plan.

3. Coordinates resources for diagnostic and therapeutic intervention as related to individual nursing care.

4. Modifies nursing care plan to meet patient's changing needs.

5. Demonstrates skill in problem solving, decision making, and creative thinking.

6. Implements plans according to priority goals.

Evaluation:

1. Determines if goals and objectives have been achieved using the nursing process.

2. Coordinates the evaluation of the effectivenss of patient care with other members of the health care team using the following criteria:
   a. meeting basic physical and psycho-social needs.
   b. preventing, eliminating, decreasing, or stabilizing patient illness.
   c. alleviating symptoms.
   d. meeting needs related to developmental stage.
   e. promoting self care.
   f. economizing time, effort, and resources.

3. Assists with evaluation of individual nursing team member's performance.

4. Incorporates into patient care that information derived from evaluation of the above factors.

5. Evaluates and documents patient care based on established standards of care.

6. Assumes responsibility for evaluation of nursing skills and performance.

Competency Skills

LEVEL I: NURSING ASSISTANT

The level I practitioner is prepared to demonstrate the following competency skills which have been adapted from Nursing Assistance Occupations, Florida Department of Education, Division of Vocational Education, 1978:

A. Safety

1. Maintains a safe environment.
2. Carries out medical asepsis (e.g., handwashing).
3. Uses proper body mechanics for self and patient.
4. Recognizes changes in patient's condition or behavior and reports to proper authority.
5. Assists patients in the safe usage of assistive devices (e.g., cane, braces, walker, crutches).
6. Applies protective restraints correctly.
7. Adjust siderails or bed for patient's safety.
8. Participates in established emergency and evacuation plans.

B. Hygienic Care

1. Assists with or gives oral care and denture care.
2. Assists with or gives skin care.
3. Assists with or gives patient bath (e.g., bed bath, tub, sitz, shower, whirlpool bath).
4. Shaves or assists with shave of male patient's face.
5. Administers or gives care for hair, hands, and feet (e.g., shampoo hair, nail care).

C. Activity and Rest

1. Makes beds (e.g., occupied, unoccupied, surgical)
2. Maintains proper body alignment (e.g., includes turning, positioning, and use of devices such as trochanter rolls to maintain alignment).
3. Assists with simple range of motion exercises after instruction and demonstration.
4. Moves a patient between stretcher and bed using the three person lift and/or transfer sheet.
5. Assists in prevention of decubiti.
6. Assists with ambulation of patients.
7. Maintains supports (e.g., slings binders).
8. Assists with transfer activities (e.g., wheelchair, stretcher).

D. Nutrition

1. Assists with feeding patient.
2. Observes, measures, and reports food and fluid intake.
3. Distributes drinking water and fruit juices or snacks as directed.
4. Recognizes simple modification for diet.

E. Elimination

1. Collects specimens (e.g., routine urine, clean-catch urine, 24 hour urine specimens, stool specimens, and sputum specimens).
2. Tests urine for sugar and acetone.
3. Assists with removal or removes fecal impaction.
4. Assists with or connects catheters and tubing to drainage.
5. Inserts rectal tubes.
6. Prepares and gives enemas.
7. Assists with or gives colostomy care in selected situations.
8. Assists patient inuse of bedpan, urinal, bedside commode chair and/or assist patient to bathroom.

F. Respiration

1. Positions patient for optimum ventilation.
2. Maintains patent airway.
3. Assists patient with coughing and deep breathing.

G. Specific Therapeutics

1. Applies heat and cold treatments:
   a. heat lamps
   b. ice caps and or ice collars
   c. hot water bottles, heating pads, K-pads
   d. moist heat and cold compresses or soaks

2. Administers therapeutic baths (e.g., Sitz bath).
3. Assists with unit admission and discharge procedures (including inventory of personal belongings).
4. Applies bandages or ace bandages to designated areas.
5. Applies anti-embolic stockings.
6. Assists with post-mortem care.
7. Gives perineal care and vaginal douches.
8. Follows proper isolation technique (for level knowledge base) to
   a. don and remove gown, mask and gloves
   b. serve and remove diet tray
   c. dispose of soiled materials
   d. assist with terminal disinfection

H. Assessment

1. Measures and records:
   a. temperature
   b. pulse
   c. respiration
   d. blood pressure
   e. weight and/or height
   f. body measurements

2. Observes and records:
    a. skin color and temperature
    b. secretions and excretions
    c. intake and output
    d. orientation (e.g., name, place, date, etc.)

3. Recognizes and reports life-threatening situations immediately.
4. Recognizes and reports deviations from normal.

I. Communication

1. Communicates observations in both oral and written language.
2. Identifies verbal and non-verabal communication.
3. Interacts constructively with other health team members as the patient advocates.
4. Explains patient unit effectively.
5. Seeks guidance from appropriate person in evaluating the care given and making necessary adjustments.

LEVEL II: PRACTICAL NURSE

The Level II practitioner is prepared to demonstrate the following competency skills which have been adapted from Licensed Practical Nurse, Florida Department of Education, Dvision of Vocational Education, 1978.

A. Supervised Mangement Functions

1. Conducts a patient census.
2. Develops a patient care plan.
3. Fills out charge slips.
4. Makes work assignments in selected situations.
5. Orients new employess.
6. Practices evacuation procedures.
7. Secures patient's valuables.

B. Safety

1. Maintains a safe environment.
2. Carries out medical asepsis (e.g., handwashing, transmission control, skin prep).
3. Carries out surgical asepsis (e.g., wound and burn care, gowning and gloving, setting up sterile field).
4. Uses proper body mechanics for self and patient.
5. Recognizes changes in patient's conditions and reports and intervenes as necessary.
6. Intervenes in situations that may be detrimental to the patient.
7. Assists patients in the safe usage of assistive devices (e.g. canes, braces, walkers, crutches).
8. Adjusts bed and siderails for patient safety.
9. Participates in established emergency and evacuation plans.
10. Exercises appropriate physical control (e.g., protective restraints).
11. Prepares and cares for patients undergoing diagnostic tests and procedures.
12. Cares for surgical patients (preoperatively and postoperatively.
13. Performs safely basic therapeutic and preventive nursing procedures in giving individualized care.
14. Recognizes the importance of using correct intravenous solutions at the rate prescribed by the physician.
15. Recognizes measures needed to prevent intravenous infiltration.
16. Recognizes and reports transfusion reactions.

C. Hygienic Care

1. Administers and/or supervises oral and dental care.
2. Administers and/or supervises skin care.
3. Administers and/or supervises care of the hair, hands, and feet (e.g., shampoos hair, nail care).

4. Administers and/or supervises patient bath (e.g., bedbath, tub bath, sitz bath, shower, or whirlpool bath).
5. Shaves or assists with shaving of male patient's face.

D. Activity and Rest

1. Makes beds (e.g., occupied, unoccupied, surgical).
2. Maintains proper body alignment (e.g., includes turning, positioning, and use of devices to maintain alignment).
3. Assists patient with range of motion exercises.
4. Moves a patient between stretcher and bed using the three person lift and/or transfer sheet.
5. Prepares patient for therapeutic and diagnostic procedures.
6. Directs and assists with ambulation.
7. Directs and assists with transfer activities.
8. Maintains immobilization (e.g., casts, traction, splints, special beds and frames).
9. Maintains supports (e.g., slings, bandages, binders).
10. Assists with supervision and teaching of use of assistive devices (e.g., canes, braces, walkers, crutches).
11. Administers, teaches, and supervises activities of daily living.
12. Instructs patient in coughing and deep breathing exercises.
13. Demonstrates incidental health teaching during routine care.
14. Collects nose and throat specimens for culture.
15. Cares for the newborn infant (e.g., bathes, dresses, feeds, dresses circumcision).
16. Administers care according to priority goals in performing individualized nursing care.
17. Performs nursing care with accuracy, safety, and efficiency, consistent with current nursing concepts and practices.

E. Nutrition

1. Assesses nutritional status.
2. Assists with feeding patient.
3. Administers gastric gavage.
4. Incorporates diet therapy in patient care.
5. Observes, measures, and reports food and fluid intake.

F. Elimination

1. Inserts, irrigates and removes tubes for level knowledge base (e.g., rectal, urinary, levine).
2. Performs continuous and intermittent bladder irrigations.
3. Collects specimens (e.g., urine, sputum, stool, gastric).
4. Prepares and gives enemas.
5. Identifies and removes fecal impactions.
6. Participates in bladder and bowel retraining.
7. Performs ostomy care.
8. Assists patient in use of bedpan, urinal, bedside commode chair and/or assist patient to bathroom.

9. Anticipates elimination problems and intervenes appropriately.
10. Observes, measures, and records urinary output.
11. Test urine for sugar and acetone.

G. Respiration

1. Postions patient for optimum ventilation.
2. Maintains patent airway.
3. Suctions (e.g., oral, nasal, or via traceostomy or endotracheal tubes).
4. Administers resuscitation:
    a. Uses Heimlich maneuver and CPR techniques.
    b. Introduces oropharynegeal airway in certain instances.
5. Cares for tracheostomy (e.g.m cuffed and uncuffed).
6. Cares for chest tubes.
7. Positions for postural drainage.
8. Supervises coughing and deep breathing exercises.

H. Medications and Specific Therapeutics

1. Applies heat and cold treatments:
    a. heat lamps
    b. ice caps and/or ice collars
    c. hot water bottles and/or heating pads
    d. sterile compresses
    e. cradle
    f. electric hot water pack
    g. moist heat and cold compresses or soaks

2. Prepares and administers medications safely for patients of all ages, and prescribed by the physician so as to maintain asepsis, prevent tissue damage, and complications which could arise from the way in which the medications are prepared and administered.
    a. oral medications
    b. topical medications
    c. parenteral medications within level knowledge base.
    d. inhalant medications
    e. suppositories
    f. ear, eye, and nose drops or ointments
    g. instillations and insertions

3. Monitors and regulates intravenous infusions according to established policy.

4. Administers oxygen using prescribed method (e.g., mask, cannula, catheter).

5. Administers therapeutic baths (e.g., Sitz, tepid sponge bath).

6. Prepares patients for and assists with physical examination.

7. Assists with common diagnostic and therapeutic procedures (e.g., thoracentesis, lumbar puncture, or paracentesis).

8. Irrigates a wound.

9. Assists with unit admission and discharge procedures (including inventory of personal belongings).

10. Applies sterile dressings and bandages

11. Applies burn dressings

12. Administers perineal care and vaginal douches

13. Administers post-mortem care

14. Applies anti-embolic stockings

15. Follows proper isolation technique to:
    a. set up an isolation unit
    b. don and remove gown, mask, and gloves
    c. serve and remove diet tray
    d. dispose of soiled materials
    e. conduct terminal disinfection

I. Assessment

1. Measures, monitors, and records:
    a. temperature
    b. pulse
    c. respiration
    d. blood pressure
    e. weight and/or height
    f. body measurements

2. Observes, monitors and records:
    a. skin color and temperature
    b. level of consciousness (e.g., orientation, pupillary reaction)
    c. secretions and excretions
    d. intake and output
    e. results of specified tests

3. Recognizes and intervenes in life-threatening situations.

4. Identifies and intervenes in deviations from normal behavior.

5. Times contractions and monitors fetal heart tones.

6. Recognizes and reports obvious deviations from normal.

J. Communication

1. Communicates observations in both oral and written language.
2. Identifies and interpretes verbal and nonvverbal communication.
3. Assists in initiating and maintaining individualized nursing care plans.
4. Utilizes therapeutic communication skills (e.g., interviewing, health teaching, clarification or information).
5. Interacts constructively with other health team members as the patient advocate.
6. Seeks guidance from appropriate person in evaluating care given and making necessary adjustments.
7. Records nursing care and changes in health status.
8. Records history by patient interview.
9. Prepares incident reports, requisitions for equipment or supplies.
10. Identifies overt learning needs of patient and family.
11. Completes release or consent forms.
12. Participates in the referral process to health and/or social agencies.
13. Participates inhealth teaching of patient and his family.

LEVEL III: ASSOCIATE DEGREE NURSE

The Level III practitioner is prepared to demonstrate the following competency skills which have been adapted from Associate Degree Nursing Education: Assumptions and Competencies for Entry to Practice, Florida Department of Education, Division of Vocational Education, 1977.

A. Safety

1. Maintains a safe environment.
2. Exercises appropriate physical control (e.g., protective restraints).
3. Carries out medical asepsis (e.g., transmission control, skin prep).
4. Carries out surgical asepsis (e.g., wound care, gowning and gloving).
5. Uses proper body mechanics for self and patient.
6. Recognizes changes in patient's condition and intervenes as necessary.
7. Prepares and cares for patients undergoing diagnostic tests and Procedures.
8. Cares for surgical patients (preoperatively and postoperatively).
9. Checks blood products for proper identification.
10. Recognizes and reports transfusion reactions.
11. Functions in appropriate role in fire and disaster procedures.
12. Performs safely basic therapeutic and preventive nursing procedures in giving individualized care.

B. Hygienic Care

1. Administers and/or supervises oral and dental care.
2. Administers and/or supervises skin care.
3. Administers and/or supervises care of the hair, hands, and feet (e.g., shampoo hair, nail care).
4. Administer and/or supervises patient bath (e.g., bedbath, tub bath, Sitz bath, shower or whirlpool bath).
5. Shaves or assists with shaving of male patient's face.

C. Activity and Rest

1. Makes beds (e.g., occupied, unoccupied, surgical)
2. Maintains body alignment (e.g., includes positioning and use of use of devices to maintain alignment).
3. Directs and assists with ambulation.
4. Directs and assists with transfer activities.
5. Maintains immobilization (e.g., casts, traction, splints, special beds and frames).
6. Maintains supports (e.g., slings, bandages, binders).
7. Teaches and supervises use of assistive devices (e.g., canes, crutches, walkers, braces).
8. Administers, teaches, and supervises activities of daily living including range of motion.

D. Nutrition

1. Assesses nutritional status.
2. Assists with feeding.
3. Administers gastric gavage.
4. Assists in maintenance of hyperalimentation.
5. Incorporates diet therapy in patient care.

E. Elimination

1. Inserts, irrigates, and removes tubes (e.g., rectal, urinary, levine).
2. Performs continuous and intermittent bladder irrigations.
3. Collects specimens (e.g., urine, sputum, stool, gastric).
4. Gives enemas.
5. Identifies and removes fecal impactions.
6. Participates in bladder and bowel retraining.
7. Performs ostomy care.
8. Anticipates elimination problems and intervenes appropriately.

F. Respiration

1. Positions patient for optimum ventilation.

2. Maintains patent airway.

3. Suctions (e.g., oral nasal, or via tracheostomy or endotracheal tubes).

4. Administers resuscitation:
   a. introduces oropharyngeal airway
   b. uses Heimlic maneuver and CPR techniques

5. Cares for tracheostomy (e.g., cuffed and uncuffed).

6. Cares for chest tubes.

7. Positions for postural drainage.

8. Supervises coughing and deep breathing exercises.

G. Medications and Specific Therapeutics

1. Applies heat and cold treatments:
   a. heat lamps
   b. ice cap
   c. ice collar
   d. hot water bottle
   e. sterile compresses
   f. cardle
   g. electric hot water pack
   h. moist heat and cold

2. Prepares and administers medications safely for patients of all ages, as prescribed by; the physician so as to maintain asepsis, prevent tissue damage, and complications which could arise from the way in which the medications were prepared and administered.
   a. oral medications
   b. topical medications
   c. parenteral medications (including piggyback I.V. and secondary I.V.'s).
   d. inhalant medications
   e. suppositories
   f. nose, eye, and ear drops
   g. instillations

3. Adds medications to I.V.'s according to established policy.

4. Administer oxygen using prescribed method (e.g., mask, catheter, cannula).

5. Utilizes oxygen analyzer to correctly determine oxygen concentration in isolate or neonatal environment.

6. Administers therapeutic baths (e.g., Sitz, alcohol).

7. Assists with common diagnostic and therapeutic procedures (e.g., thoracentesis, lumbar puncture, or paracentesis).

8. Performs venipunctures for I.V. infusion on a training arm.

H. Assessment

1. Measures, monitors, and records:
   - a. temperature
   - b. pulse
   - c. respiration
   - d. blood pressure
   - e. weight
   - f. body measurement

2. Observes, monitors, and records:
   - a. skin color and temperature
   - b. level of consciousness (e.g., orientation, pupillary reaction)
   - c. secretions and excretions
   - d. intake and output
   - e. results of specified tests

3. Recognizes and intervenes in life-threatening situations.

4. Identifies and intervenes in deviations from normal behavior.

5. Times contractions and monitors fetal heart tones.

I. Communication

1. Initiates and maintains individualized nursing care plan.

2. Communicates observations in both oral and written language.

3. Identifies and interprets verbal and nonverbal communication.

4. Utilizes therapeutic communication skills (e.g., interviewing, health teaching, clarification or information).

5. Interacts constructively with other health and team members as the patient advocate.

6. Participates in the referral process to health and/or social agencies.

7. Initiates health teaching of patient and his family.

PROPOSED NEW CURRICULUM
Class Entering in August

Term I

APB	1190	Anatomy & Physiology	3
APB	1190L	A & P Lab	1
*DEP	____	Human Development	3
HUN	1201	Nutrition	3
NUR	1040	Nursing I	4
NUR	1040L	Nursing IL	4
			18

Term II

*APB	____	Anatomy & Physiology	3
*APB	____	L A & P Lab	1
ENC	1103	English Comp.	3
SOC	200	Sociology	3
NUR	1200	Nursing IIA	2
NUR	1200L	Nursing IIAL	3
NUR	1201	Nursing IIB	1
NUR	1201L	Nursing IIBL	2
			18

TERM IIIA

NUR	1202	Nursing III	2
NUR	1202L	Nursing IIIL	3
			5

Term I

APB	1170	Microbiology	3
APB	1170L	Micro. Lab	1
AMH	1550	American Constitution	1
*DEP	____	Abnormal Psychology	3
NUU	1110	Seminar	1
NUR	2130	Nursing IVA	2
NUR	2130L	Nurisng IVAL	2
NUR	____	Nursing IVB	2
NUR	____L	Nursing IVBL	2
			17

Term II

ENC	1136	English Comp.	3
NUU	2112	Seminar	1
NUR	2220	Nursing VA	2
NUR	2220L	Nursing VAL	2
*NUR	____	Nursing VB	2
*NUR	____L	Nursing VBL	2
*NUR	____	Nursing VC	1
*NUR	____L	Nursing VCL	3
			16

*Proposed new courses.

PROPOSED NEW CURRICULUM

Class Entering in January

TERM I

TERM II

APB	1190	Anatomy & Physiology	3
APB	1190L	A & P Lab	1
*DEP	____	Human Development	3
HUN	1201	Nutrition	3
NUR	1040	Nursing I Basic Human Needs	4
NUR	1040	Nursing I Lab	4
			18

TERM IIIA

*APB	____	Anatomy & Physiology	3
APB	____	A & P Lab	1
ENC	1103	English Comp.	3
			7

TERM IIIB

NUR	1200	Nursing IIA	2
NUR	1200L	Nursing IIAL	3
			5

TERM I

SOC	200	Sociology	3
APB	1170	Microbiology	3
APB	1170L	Micro. Lab	1
NUU	1110	Seminar	1
NUR	1201	Nursing IIB	1
NUR	1201L	Nursing IIBL	2
NUR	1202	Nursing III	2
NUR	1202L	Nursing IIIL	3
			16

TERM II

ENC	1136	English Comp.	3
*DEP	____	Abnormal Psychology	3
NUU	2112	Seminar	1
NUR	2130	Nursing IVA	2
NUR	2130L	Nursing IVAL	2
*NUR	____	Nursing IVB	2
*NUR	____L	Nursing IVBL	2
AMH	1550	American Constitution	1
			16

TERM IIIA & IIB

NUR	2220	Nursing VA	3
NUR	2220L	Nursing VAL	3
*NUR	____	Nursing VB	2
*NUR	____L	Nursing VBL	2
*NUR	____	Nursing VC	1
*NUR	____L	Nursing VCL	3
			12

*Proposed new courses.

Nursing Assistant/Hospital Orderly Course

The instructor for P.N. Fundamentals of Nursing worked with the Nursing Assistant/Hospital Orderly instructor. The content in the first six (6) weeks of the P.N. course will cover the same content as the Nursing Assistant/Hospital Orderly course and is designated as Fundamentals of Nursing I. The Articulating student who meets all admission will be granted credit for Fundamentals of Nursing I.

Fundamentals of Nursing

Present concepts and presentations in the Fundamentals of Nursing, were reviewed to revise or expand content areas as necessary. It was decided that the nursing faculties of both departments would introduce and emphasize the following concepts into each program.

1) the nursing process
2) growth and development
3) physical and psycho-social needs
4) homeostasis

Content placement differs in each program. In the Associate Degree Nursing Department, Fundamentals of Nursing includes modules on the nursing process, pharmacology, pain and its alleviation, fluid and electrolytes, tissue repair and regeneration, chronic and terminal illness and death, and spiritual care. In the Medical Health Department, Fundamentals of Nursing provides the knowledge, principles and technical skills necessary for safe, effective patient care. Pharmacology and many of the above mentioned modules are taught in separate courses during the Practical Nursing Program.

Present curriculum concepts and presentations were studied and discussed. Both nursing faculty instructors agreed that several areas of content would have to be expanded at the P.N. level to bring the course to the level of the second year A.D.N. program. The areas to include more depth are:

1) care of the patients with N/G tubes, including irrigations, care of the nares and mouth, but not actual intubation.
2) care of patients with special adaptations such as special drains, chest tubes, hemovacs, tracheostomy, etc.
3) sterile wound care including drains, wet-to-dry dressings, sterile glove techniques, etc.
4) the nursing process and nursing care plans.
5) spiritual care.

Emphasis will be placed on successful accomplishment of the needed depth or changes to strengthen the P.N. nursing students' skills whether they are articulating or not.

Medical Surgical Nursing

This content is taught in one nursing course in the A.D.N. program but in separate courses throughout the P.N. program. Faculty members concurred that in many instances the content was essentially the same. Instructors on both levels agreed to share course materials and to work together to develop and implement needed changes. There are several areas of content which will need expanding at the P.N. level to meet the needs of the level of the second year R.N. program. These areas include:

1) more depth in fluid and electrolyte balance.
2) role of fats and fiber to diet in diabetic patients
3) gout-metabolic defects, complications, diet, medications, and nursing care.
4) cardiac problems with hypo-and hyperthyroidism.
5) addison crisis as a result of corticosteroid therapy.
6) cushing syndrome and its antagonistic effect on insulin.
7) addition of newer neurological examinations, contrast x-ray studies, and scans.
8) Guillain-Barre syndrome
9) types of tumors requiring craniotomy
10) Myasthenia Crisis and the importance of medications being given on time to patients with these disease.
11) newer treatment for rabies.
12) Huntington's Chorea
13) Surgeries and treatments for control of pain-sympathectomy, rhizotomy, cordotomy, cortisone and alcohol blocks.
14) more recent treatments and nursing care in cataract surgery.
15) cryosurgery and laser beam surgery, as used in corneoscleral trephining of scleral buckling.
16) hyphemia of children.
17) additional information on blepharitis, chalazia, pterygium, trachoma, and uveitis.
18) expand on precancerous lesions
19) lupus erythematosis.

changes needed on the A.D.N. level:

1) more depth in burn therapy and burn classification.
2) expansion in covering skin disorders and diseases. (A module entitled Community Health Nursing will be developed for the A.D.N. program to include these topics).
3) more information should be stressed on vesioco-ureteral reflux.
4) more depth on tuberculosis of the kidney.

Nursing Issues

The nursing faculties agreed that the curriculum of the individual programs cover basically the same materials with emphasis on nursing code of ethics and legal implications for each level of nursing.

The P.N. faculty does not address collective bargaining, legislative process, technical nursing practice, and the depth of the American Nurses Association's functions.

Pediatric Nursing

A better understanding of each department's student objectives emerged. Basically the registered nursing students are receiving much of the same course content as the P.N. students but in greater depth in:

1) pathophysiology of disease processes
2) intravenous therapy and medications
3) child and parent crisis intervention
4) physical assessment of the child
5) complex procedures requiring more precise knowledge of anatomy and physiology

After careful discussion and reflection, the faculties felt the depth of nursing approaches of psycho-social concepts to the pathophysiologic problems, patient assessment, and concentrated approach to study and practice of intravenous therapy and medications could not be covered in the P.N. program. On the basis the decision was made that no academic credit should be granted for the pediatric nursing covered in the P.N. program. This decision will be reevaluated as the program progresses.

Reproductive and Obstetrical Nursing

The course objectives of both were reviewed. Very careful study and comparison was made of materials taught in both theory and the clinical setting.

The decision was made that no academic credit should be allowed the P.N. student for the first year course. The depth of nursing approaches to pathophysiologic problems, patient assessment, the study and practice of I.V. therapy, as well as the psychological approaches to nursing care, family relationships, and nursing diagnoses of dysfunctions in the parent-child relationship were the basis for this decision.

Psychiatric/Mental Health Nursing

Present curriculum concepts and presentations were studied and discussed. Needs were identified for the first year P.N. student who would wish to move on to the R.N. program in the second year.

While the A.D.N. mental health curriculum will remain essentially the same, both faculty members concurred that several areas of content would have to be expanded at the P.N. level to bring the course to the level of the second year R.N. program. These areas are:

1) expanded study of therapeutic communication skills with emphasis on learning and using interpersonal techniques and basic principles of patient counseling and interviewing.
2) the study of anxiety, its manifestations and steps to abate it.
3) more detailed study of the phases of personality development as identified by Freud, Erickson and Sullivan with emphasis on achievement of good mental health. Emphasis will be placed on successful accomplishment of tasks for each stage and recognition of problems resulting from unsuccessful or incomplete resolution.
4) inclusion of content on legal aspects of care for mentally ill patients.

To accomplish these changes, suggestions were made to expand the number of hours allotted to the teaching of mental health concepts in the P.N. program from twelve to sixteen hours per semester and to distribute the classes over a longer period of time. This would make possible the inclusion of the above areas of needed expansions. It was decided that sixteen (16) hours a semester taught over a period of eight (8) weeks would be a helpful and workable solution. This would also assist the P.N. student to stay in touch with theory of mental health nursing over a longer period of time so that he/she might be more aware of applying this theory to various patients who are experiencing mental health problems, in medical/surgical clinical settings.

The decision was made to move the module on death and dying which currently is taught in the P.N. mental health unit to Fundamentals of Nursing. This would help in releasing more class time for the inclusion of expanded mental health content for the P.N. students. Mental health problems in children, adolescents, and the elderly, as well as human sexuality, will be included in the course revision.

After further reflection and discussion it was agreed that the above changes would strenghtent the overall skills of all P.N. students whether they choose to articulate or not and that the graduate would be better prepared for State Board exams at both the L.P.N. and R.N. levels.

Faculty members agreed to work together in developing and implementing these curriculum changes, sharing audio-visual materials, course materials, with frequent consultations. Inclusion of new audio-visual films, to be requested in the departmental A-V budgets, will assist with more uniformity of content.

Transitional Course

There is a need for a "transitional" course on completion or near completion of the Practical Nursing Program to include:

1) nursing history
2) more on the nursing process, assessment, interview, and nursing care planning
3) fluid and electrlyte balance
4) acid-base balance
5) tissue repair and regeneration
6) N/G intubation
7) hazards of immobility
8) intravenous therapy and medications